PAGE 1 / 20

Image# 201607159020576300

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X F	For Other Than An Aut	thorized Committee	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Physician Insurers Ass	ociation of Americar	n Political Action Commi	ttee	
ADDRESS (number and street) Check if different	Ste. 250			
than previously reported. (ACC)	Rockville		MD 2085	50-6213
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE ▲	ZIP CODE 🛦
C C00319319		IS THIS REPORT X (N) OR	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	Report Due On: Ma	o 20 (M2) May 20 (M5 or 20 (M3) Jun 20 (M6 or 20 (M4) Jul 20 (M7)) Sep 20 (M9)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (Q X July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y	PRE-Election Report for the:	Primary (12P) Convention (12C) on on	General (12G) Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	n (d) 30-Day POST-Election Report for the:	General (30G) on on	Runoff (30R)	Special (30S) in the State of
5. Covering Period 04		through 06		016
·	•	f my knowledge and belief it is	rue, correct and compl	lete.
Type or Print Name of Treasurer	Mr. Brian K. Atchinson			
Signature of Treasurer Mr. B	Prian K. Atchinson	[Electronically Filed]		2016
NOTE: Submission of false, errone	eous, or incomplete informatio	on may subject the person signing	this Report to the penal	Ities of 2 U.S.C. §437g.
Office Use			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Physician Insurers Association of American Political Action Committee

2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 27665.84 January 1, 2016 (b) Cash on Hand at 24266.50 Beginning of Reporting Period..... 17725.82 18326.48 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 45992.32 41992.32 6(a) and 6(c) for Column B)..... 1384.75 5384.75 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 40607.57 40607.57 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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 American Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13600.00	14200.00
(ii) Unitemized(iii) TOTAL (add	1625.00	1625.00
Lines 11(a)(i) and (ii)	15225.00	15825.00
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	2500.00	2500.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17725.00	18325.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
B. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	7 1 7 1 7	7 7 7
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.82	1.48
(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
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	17725.82	18326.48
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17725.82	18326.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)		53 55	3				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
(k	b) Other Federal Operating						
	Expenditures	384.75	384.75				
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	384.75	384.75				
22. T	ransfers to Affiliated/Other Party	00 1110					
	committees	0.00	0.00				
F	contributions to ederal Candidates/Committees and Other Political Committees	1000.00	5000.00				
	ndependent Expenditures	0.00	0.00				
25. C	use Schedule E)oordinated Party Expenditures	0.00	0.00				
(2 (t	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00				
26 L	oan Repayments Made	0.00	0.00				
.J. L	сат пораутноть масс						
	oans Madelefunds of Contributions To:	0.00	0.00				
	a) Individuals/Persons Other Than Political Committees	0.00	0.00				
	Political Party Committees Other Political Committees	0.00	0.00				
(0	(such as PACs)	0.00	0.00				
(0	d) Total Contribution Refunds						
`	(add Lines 28(a), (b), and (c))▶	0.00	0.00				
29. C	Other Disbursements	0.00	0.00				
	and the street Author (0.11.0.0, 0.404/00)						
	ederal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity						
,,	(from Schedule H6)						
	(i) Federal Share	0.00	0.00				
	(ii) "Levin" Share	0.00	0.00				
(k) Federal Election Activity Paid Entirely						
1.	With Federal Funds	0.00	0.00				
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00				
1. To	otal Disbursements (add Lines 21(c), 22,						
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	1384.75	5384.75				
32. T	otal Federal Disbursements						
	subtract Line 21(a)(ii) and Line 30(a)(ii)	4004.75					
fr	om Line 31)	1384.75	5384.75				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17725.00	18325.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17725.00	18325.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	384.75	384.75
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	384.75	384.75

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full)	on of American Political Action Com	
Full Name (Last, First, Middle Initial) Mr. Victor T. Adamo Mailing Address 1573 Woodridge PI City Vestavia FEC ID number of contributing federal political committee. Name of Employer The Mutual Receipt For: Primary Other (specify) General	State Zip Code AL 35216-1657 C Occupation Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / 25 2016 Transaction ID: AC89068782AD34AEA972 Amount of Each Receipt this Period 300.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Richard E. Anderson Mailing Address 185 Greenwood Rd City Napa FEC ID number of contributing federal political committee. Name of Employer The Doctors Company Receipt For: Primary General Other (specify)	State Zip Code CA 94558-6270 C Occupation CEO Aggregate Year-to-Date ▼ 250.00	Date of Receipt 04 25 2016 Transaction ID : AB5A9C1E683A34954A36 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Ms. Erin B. Bagley Mailing Address P.O. Box 55178 One Financial Center City Boston FEC ID number of contributing federal political committee. Name of Employer Coverys Receipt For: Primary General Other (specify)	State Zip Code MA 02205-5178 C Occupation General Counsel Aggregate Year-to-Date ▼ 300.00	Date of Receipt 04 26 2016 Transaction ID: A9BC91AB52FD14BDD9/ Amount of Each Receipt this Period 300.00 Memo Item
SUBTOTAL of Receipts This Page (optional	ul)	850.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: **PAGE** 7 OF 20 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Insurers Association of American Political Action Committee Full Name (Last, First, Middle Initial) Dr. Sandra Beretta Date of Receipt Mailing Address 348 Barbara Way 2016 City State Zip Code Transaction ID: A34EAEE830BB6477F8A9 CA Hillsborough 94010-6760 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation NORCAL Mutual Insurance Company Secretary of the Norcal Board Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. James F. Carland III Date of Receipt Mailing Address 2602 E Thomas Rd 05 05 2016 City State Zip Code Transaction ID: A674F9F2EEA9A42BC9CC ΑZ Phoenix 85016-8202 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation MICA CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Mr. Michael B. Driscoll Date of Receipt Mailing Address P.O. Box 55178 02 2016 One Financial Center City Zip Code State Transaction ID: AB710C4CF7BFC46518AA MA **Boston** 02205-5178 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Starkweather & Shepley Insurance broker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 8 OF 20 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Physician Insurers Association	of American Political Action Con	nmittee
Full Name (Last, First, Middle Initial) Mr. Mike Gabree Mailing Address P.O. Box 55178 City Boston FEC ID number of contributing federal political committee. Name of Employer Coverys Receipt For: Primary General Other (specify)	State Zip Code MA 02205-5178 C Occupation VP & Controller Aggregate Year-to-Date ▼ 300.00	Date of Receipt 05 09 2016 Transaction ID: AE6F2577709CF43BE910 Amount of Each Receipt this Period 300.00 Memo Item
Full Name (Last, First, Middle Initial) Ms. Alice H. Gannon Mailing Address 6423 Longhouse Ct City San Antonio FEC ID number of contributing federal political committee. Name of Employer NORCAL Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code TX 78238-1525 C Occupation Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt 04 14 2016 Transaction ID: A3E8C52236DCD40D3AFC Amount of Each Receipt this Period 300.00 Memo Item
Full Name (Last, First, Middle Initial) Mr. Gregg L. Hanson Mailing Address P.O. Box 55178 One Financial Center City Boston FEC ID number of contributing federal political committee. Name of Employer Coverys Receipt For: Primary General Other (specify)	State Zip Code MA 02205-5178 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt 04 04 2016 Transaction ID: A9F141E4D8BD64914930 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1600.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	PAGE	-	9	OF	2	0			
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
		13		14		15		16	Γ	1	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Insurers Associate	ion of American Political Action Comr	nittee
Full Name (Last, First, Middle Initial) Ms. Sherry Haworth Mailing Address PO Box 1838		Date of Receipt
City	State Zip Code	05 10 2016 Transaction ID : ARERA A488669E4E27A
Oklahoma City	OK 73101-1838	Transaction ID : ABFBAA488668E4F27A Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	- Memo Item
PLICO Receipt For: Primary General Other (specify)	President Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. ROGER M. Hayashi		Date of Receipt
Mailing Address 220 Tourney Loop		M = M / D = D / Y = Y = Y
City Los Gatos	State Zip Code CA 95030-7158	Transaction ID : A6262CED140DF4D679I Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer NORCAL Mutual	Occupation Director	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Pate of Bassist
Dr. Carl T. Hook Mailing Address PO Box 1838		Date of Receipt 04 06 2016
City Oklahoma City	State Zip Code OK 73101-1838	Transaction ID : AE2B58B8FFF694E77A Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer PLICO	Occupation CEO	- Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Possints This Poss (anti-		1200.00
SUBTOTAL of Receipts This Page (option	al)	
TOTAL This Period (last page this line nur	mber only)	

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Insurers Association of American Political Action Committee Full Name (Last, First, Middle Initial) Ms. Tamara D. Huffman Date of Receipt Mailing Address West Virginia Mutual Insurance Com 500 Virginia Street, East 2016 City Zip Code State Transaction ID: A10EA707A3BA04E26917 WV Charleston 25301-2164 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. Memo Item Name of Employer Occupation WV Mutual Insurance Company Executive Vice President & Chief Opera Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Robert M. Jones Date of Receipt Mailing Address 404 W Parkway Pl 04 05 2016 City State Zip Code Transaction ID: A2A7635D08E0846169CD MS Ridgeland 39157-6010 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. Memo Item Name of Employer Occupation Medical Assurance Co. of MS CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600,00 Full Name (Last, First, Middle Initial) c. Ms. Diane Koken Date of Receipt Mailing Address 1102 Oakmont Dr 05 12 2016 City State Zip Code Transaction ID: ACECF03CBD5EA477BB1C PΑ Lancaster 17601-5074 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation **Board Member NORCAL** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Insurers Association of American Political Action Committee Full Name (Last, First, Middle Initial) Mr. Stephen J. Langlois Date of Receipt Mailing Address P.O. Box 55178 One Financial Center 2016 02 City Zip Code State Transaction ID: AAAAB3447175D4B738BC **Boston** MA 02205-5178 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Coverys VP, Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Frank Lavoie Date of Receipt Mailing Address 37 Sunnyfield Lane 05 12 2016 City State Zip Code Transaction ID: A9C3186374A4C4A218D5 ME **Cumberland Center** 04021-3529 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Medical Mutual Insurance Co. of ME President/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Dr. Paul C. McNabb II Date of Receipt Mailing Address PO Box 1065 04 19 2016 City Zip Code State Transaction ID: A4416DE6A726049FA9BC TN **Brentwood** 37024-1065 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation Medical doctor University of TN Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	F	OR	LINE	NU	MBER	PAGE	•	12 OF	:	20	
Use separate schedule(s) for each category of the	(c	(check only one)									
Detailed Summary Page		X	11a		11b		11c		12		
., .,			13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)	,,	
	n of American Political Action Comr	nittee
Full Name (Last, First, Middle Initial) Dr. Jeffrey Morgan		Date of Receipt
Mailing Address 2719 South Sunset Village I	Orive	05 05 2016
City	State Zip Code	Transaction ID : A4E4E32D12DDF4D05AF4
Gold Canyon	AZ 85118-2050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Memo Item
MICA	Board Member	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. Joseph G. Murphy		Date of Receipt
Mailing Address P.O. Box 55178		M = M / D = D / Y = Y = Y
One Financial Center		04 24 2016
City	State Zip Code	Transaction ID: A6E9D829A9AA94003A7D
Boston	MA 02205-5178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Memo Item
Coverys	coo	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	ggi-cgato ioai to-Date ₹	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Mr. Frank B. O'Neil	•	Date of Receipt
Mailing Address PO Box 590009		04 18 _ 2016 _
City	State Zip Code	Transaction ID : A052C5F552C2D416A99A
Birmingham	AL 35259-0009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Memo Item
ProAssurance	Senior Vice-President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	>	900.00
	<u>`</u>	
TOTAL This Period (last page this line number	er only)	

	F	OR	LINE	MBER	PAGE		13	OF	20		
Use separate schedule(s) for each category of the	(0	(check only one)									
Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		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	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Associatio	n of American Political Action Comr	nittee
Full Name (Last, First, Middle Initial) Mr. William Passolt Mailing Address 6133 North River Road Suite 650 City Rosemont FEC ID number of contributing	State Zip Code IL 60018-5173	Date of Receipt M
federal political committee. Name of Employer OMS National Insurance Co. Receipt For: □ Primary □ General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 600.00	600.00 Memo Item
Full Name (Last, First, Middle Initial) James W. Pellegrini MD Mailing Address Neonatology Associates 320 Goodale Street City West Boylston FEC ID number of contributing federal political committee. Name of Employer Connecticut Medical Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code MA 01583-1015 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 05
Full Name (Last, First, Middle Initial) Mr. Kurt Scott Mailing Address 623 SW 10th Ave City Topeka FEC ID number of contributing federal political committee. Name of Employer KAMMCO Receipt For: Primary General Other (specify)	State Zip Code KS 66612-1615 C Occupation President & CEO Aggregate Year-to-Date ▼ 300.00	Date of Receipt O4 11 2016 Transaction ID: A437892AAC4D04BFE960 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 numb	er only)	

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Insurers Association of American Political Action Committee Full Name (Last, First, Middle Initial) Mr. Robert Sheridan Date of Receipt Mailing Address 16 Camelot Drive 09 2016 City Zip Code State Transaction ID: A5AED84B47D2540CDA61 Hingham MA 02043-4866 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation **Board Member** Coverys Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Robert Sheridan Date of Receipt Mailing Address 16 Camelot Drive 06 03 2016 City State Zip Code Transaction ID: ACBED44B2FC674421860 MA Hingham 02043-4866 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Coverys **Board Member** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jaan E. Sidorov Date of Receipt Mailing Address 413 Village Way 09 05 2016 City State Zip Code Transaction ID : A78B4C7E7B39343678B2 PΑ Harrisburg 17112-8849 Amount of Each Receipt this Period FEC ID number of contributing C 600.00 federal political committee.

Occupation

Chairman of the Board

Aggregate Year-to-Date ▼

600.00

Name of Employer

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

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

NORCAL Receipt For:

1600.00

Memo Item

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Insurers Association of American Political Action Committee Full Name (Last, First, Middle Initial) Mr. W. Stancil Starnes Date of Receipt Mailing Address PO Box 590009 2016 City State Zip Code Transaction ID: A51D4DF1B5DEE4B9880C Birmingham AL 35259-0009 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. Memo Item Name of Employer Occupation ProAssurance Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Daniel J. Suiter Date of Receipt Mailing Address 420 Country Club Rd 05 12 2016 City State Zip Code Transaction ID: ADB726B4ED1D34378BF0 KS Pratt 67124-3125 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation **KAMMCO** Chairman, Board of Directors Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr. James Q. Swift Date of Receipt Mailing Address University of Minnesota, Dept. of Moos Tower 7-174 04 18 2016 City State Zip Code Transaction ID: A181AC798813A455CA29 MN Minneapolis 55455 Amount of Each Receipt this Period FEC ID number of contributing С 600.00 federal political committee. Memo Item Name of Employer Occupation Chair of Board **OMSNIC** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Insurers Association of American Political Action Committee Full Name (Last, First, Middle Initial) Dr. Austin Wallace Date of Receipt Mailing Address West Virginia Mutual Insurance Com 500 Virginia Street, East 07 2016 City Zip Code State Transaction ID: A9294D65E6E164FE79AC WV Charleston 25301-2164 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation **WVMIC** President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Brian Wicks Date of Receipt Mailing Address PO Box 91220 05 12 2016 City State Zip Code Transaction ID: A4A5239D122B54295A7F WA Seattle 98111-9320 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Physician Insurance, A Mutual Company Past Board Chair Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) Mr. Jose R. Zorola Date of Receipt Mailing Address P.O. Box 55178 04 23 2016 One Financial Center City Zip Code State Transaction ID: A5D7870404C2043EC99C MA **Boston** 02205-5178 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation Coverys Chief Underwriting Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... 13600.00

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

S П

SCHEDULE A (FEC Form 3	BX)	FOR LINE NUMBER: PAGE 17 OF 20 (check only one) 11a 11b X 11c 12 13 14 15 16 17				
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page					
or for commercial purposes, other than usi		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Physician Insurers Association	tion of American Political Action C	ommittee				
Full Name (Last, First, Middle Initial) The Doctors Company Federal F Mailing Address 185 Greenwood Road	PAC (DOCPAC)	Date of Receipt				
		06 01 2016				
City Napa	State Zip Code CA 94558-6270	Transaction ID : A8E43AEE23A044AB3A: Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C C00300376	2500.00				
Name of Employer	Occupation	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00					
Full Name (Last, First, Middle Initial) 3.		Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer	Occupation	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial)	l .	Date of Branch				
Mailing Address		Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	Amount of Each necespt this Feriod				
Name of Employer	Occupation	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (option	nal)	2500.00				

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

2500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	TOWNDETT.	PAGE 18 OF 20			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 28a 28b 28				
Any information copied from such Reports and Sta or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) Physician Insurers Association of				don committee.			
Full Name (Last, First, Middle Initial) A. Aristotle			Date of Disbursement				
Mailing Address 205 Pennsylvania Avenue, SE			05 06	2016			
City Washington	State Zip Code DC 20003-1164		Transaction ID : BFF7	4188E70E74B99A1			
Purpose of Disbursement Credit card processing fees Candidate Name			Amount of Each Disburs	sement this Period			
Senate	rsement For: Primary General	Category/ Type	Memo Item	40.50			
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial) B. Aristotle			Date of Disbursement	Y			
Mailing Address 205 Pennsylvania Avenue, SE			05 10	2016			
City Washington Purpose of Disbursement	State Zip Code DC 20003-1164		Transaction ID : B866	FB80471284EA3938			
Credit card processing fees Candidate Name		Category/	Amount of Each Disburs	sement this Period			
Office Sought: House Senate President State: District:	rsement For: Primary General Other (specify) ▼	Type	Memo Item	67.50			
Full Name (Last, First, Middle Initial) C. Aristotle			Date of Disbursement	Y			
Mailing Address 205 Pennsylvania Avenue, SE			05 13	2016			
City Washington Purpose of Disbursement	State Zip Code DC 20003-1164		Transaction ID : BC86	ED496A65A415397/			
Credit card processing fees Candidate Name		Category/	Amount of Each Disburs	sement this Period 56.25			
Office Sought: House Senate President State: Disbut	rsement For: Primary General Other (specify)	Туре	Memo Item				
SUBTOTAL of Disbursements This Page (optional	al)	·····•		164.25			
TOTAL This Period (last page this line number o	nly)						

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only 21b				
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and States or for commercial purposes, other than using the nar	nents may not be sold or used ne and address of any politica	d by any person I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Physician Insurers Association of A	American Political Act	ion Comm	nittee			
Full Name (Last, First, Middle Initial) A. Aristotla			Date of Disbursement			
A. Aristotle Mailing Address 205 Pennsylvania Avenue, SE			05 17 2016			
City	State Zip Code		Transposition ID - B4F0407FFD4F047			
Washington	DC 20003-1164		Transaction ID: B4F0497E5D1F64D0A9EE			
Purpose of Disbursement Credit card processing fees Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Senate President State: Disburse	ment For: Primary General Other (specify)	Type	Memo Item			
Full Name (Last, First, Middle Initial)						
B. Aristotle		Date of Disbursement				
Mailing Address 205 Pennsylvania Avenue, SE			05 20 2016			
City Washington Purpose of Disbursement	State Zip Code DC 20003-1164		Transaction ID : B363E1EA316274059B84			
Credit card processing fees			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	13.50			
Office Sought: House Disbursel Senate President State: District:	nent For: Primary General Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
C			Date of Disbursement			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement	Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	5. Lacit Disputsement this Pellou			
Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼		Memo Item			
Oldio. District.						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only		<u> </u>	27.00			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	•
Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Physician Insurers Association of	ame and address of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Brad Ashford for Congress Mailing Address PO Box 24023			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Omaha Purpose of Disbursement Candidate contribution Candidate Name Rep. Brad Ashford Office Sought: House Senate President State: District:	State Zip Code NE 68124-0023 ement For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID : B341715839DE649CFAB1 Amount of Each Disbursement this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President	State Zip Code ement For: Primary General Other (specify)	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period Memo Item
State: District: Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code		Date of Disbursement
Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period Memo Item
SUBTOTAL of Disbursements This Page (optional)		······	1000.00
TOTAL This Period (last page this line number onl	y)		1000.00