

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physician Insurers Association of American 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="2016"/>	<input type="text" value="27665.84"/>	<input type="text" value="27665.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24266.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17725.82"/>	<input type="text" value="18326.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="41992.32"/>	<input type="text" value="45992.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1384.75"/>	<input type="text" value="5384.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40607.57"/>	<input type="text" value="40607.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 American 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).....	13600.00	14200.00
(ii) Unitemized	1625.00	1625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15225.00	15825.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17725.00	18325.00
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.).....	0.82	1.48
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))..... ▶	17725.82	18326.48
20. 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)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	384.75	384.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	384.75	384.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
30. Federal 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
(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)) ..	1384.75	5384.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17725.00	18325.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17725.00	18325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	384.75	384.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	384.75	384.75

**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)
Physician Insurers Association of American Political Action Committee

A. Mr. Victor T. Adamo
Full Name (Last, First, Middle Initial)

Mailing Address 1573 Woodridge Pl

City Vestavia State AL Zip Code 35216-1657

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

Name of Employer The Mutual Occupation Director

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 / 25 / 2016

Transaction ID : AC89068782AD34AEA972

Amount of Each Receipt this Period
 300.00

Memo Item

B. Dr. Richard E. Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 185 Greenwood Rd

City Napa State CA Zip Code 94558-6270

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

Name of Employer The Doctors Company Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : AB5A9C1E683A34954A36

Amount of Each Receipt this Period
 250.00

Memo Item

C. Ms. Erin B. Bagley
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 55178
One Financial Center

City Boston State MA Zip Code 02205-5178

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

Name of Employer Coverys Occupation General Counsel

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 / 26 / 2016

Transaction ID : A9BC91AB52FD14BDD9AC

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 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)
Physician Insurers Association of American Political Action Committee

A. Dr. Sandra Beretta
Full Name (Last, First, Middle Initial)

Mailing Address 348 Barbara Way

City Hillsborough State CA Zip Code 94010-6760

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

Name of Employer NORCAL Mutual Insurance Company Occupation Secretary of the Norcal Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2016
Transaction ID : A34EAAA830BB6477F8A9

Amount of Each Receipt this Period 500.00

Memo Item

B. Dr. James F. Carland III
Full Name (Last, First, Middle Initial)

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 MICA Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2016
Transaction ID : A674F9F2EEA9A42BC9CC

Amount of Each Receipt this Period 500.00

Memo Item

C. Mr. Michael B. Driscoll
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 55178
One Financial Center

City Boston State MA Zip Code 02205-5178

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

Name of Employer Starkweather & Shepley Occupation Insurance broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2016
Transaction ID : AB710C4CF7BFC46518AA

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 8 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)
Physician Insurers Association of American Political Action Committee

A. Mr. Mike Gabree
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 55178
 City Boston State MA Zip Code 02205-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation VP & Controller
 Receipt For: Primary General Other (specify) Memo Item
 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

B. Ms. Alice H. Gannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 6423 Longhouse Ct
 City San Antonio State TX Zip Code 78238-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) Memo Item
 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

C. Mr. Gregg L. Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 55178 One Financial Center
 City Boston State MA Zip Code 02205-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation CEO
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

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)..... ▶

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Ms. Sherry Haworth
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1838
 City Oklahoma City State OK Zip Code 73101-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLICO Occupation President
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016
Transaction ID : ABFBAA488668E4F27A01
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Dr. ROGER M. Hayashi
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Tourney Loop
 City Los Gatos State CA Zip Code 95030-7158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Mutual Occupation Director
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2016
Transaction ID : A6262CED140DF4D679F0
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Dr. Carl T. Hook
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1838
 City Oklahoma City State OK Zip Code 73101-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLICO Occupation CEO
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : AE2B58B8FFF694E77AE1
 Amount of Each Receipt this Period
 600.00
 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 10 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)
Physician Insurers Association of American Political Action Committee

A. Ms. Tamara D. Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address West Virginia Mutual Insurance Com
 500 Virginia Street, East
 City Charleston State WV Zip Code 25301-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WV Mutual Insurance Company Occupation Executive Vice President & Chief Opera
 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 / 18 / 2016
Transaction ID : A10EA707A3BA04E26917
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. Mr. Robert M. Jones
 Full Name (Last, First, Middle Initial)
 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 Medical Assurance Co. of MS Occupation 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 / 05 / 2016
Transaction ID : A2A7635D08E0846169CD
 Amount of Each Receipt this Period
 600.00
 Memo Item

C. Ms. Diane Koken
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 Oakmont Dr
 City Lancaster State PA Zip Code 17601-5074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Occupation Board Member
 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 / 2016
Transaction ID : ACECF03CBD5EA477BB1C
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 11 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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 American Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. Stephen J. Langlois

Mailing Address P.O. Box 55178
One Financial Center

City Boston State MA Zip Code 02205-5178

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

Name of Employer Coverys Occupation VP, Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 02 / 2016
Transaction ID : AAAAB3447175D4B738BC

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Frank Lavoie

Mailing Address 37 Sunnyfield Lane

City Cumberland Center State ME Zip Code 04021-3529

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

Name of Employer Medical Mutual Insurance Co. of ME Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 12 / 2016
Transaction ID : A9C3186374A4C4A218D5

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. Paul C. McNabb II

Mailing Address PO Box 1065

City Brentwood State TN Zip Code 37024-1065

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

Name of Employer University of TN Occupation Medical doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 19 / 2016
Transaction ID : A4416DE6A726049FA9BC

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Dr. Jeffrey Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 2719 South Sunset Village Drive

City Gold Canyon State AZ Zip Code 85118-2050

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

Name of Employer MICA Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2016
Transaction ID : A4E4E32D12DDF4D05AF4

Amount of Each Receipt this Period
300.00

Memo Item

B. Mr. Joseph G. Murphy
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 55178
One Financial Center

City Boston State MA Zip Code 02205-5178

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

Name of Employer Coverys Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2016
Transaction ID : A6E9D829A9AA94003A7D

Amount of Each Receipt this Period
300.00

Memo Item

C. Mr. Frank B. O'Neil
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 590009

City Birmingham State AL Zip Code 35259-0009

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

Name of Employer ProAssurance Occupation Senior Vice-President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016
Transaction ID : A052C5F552C2D416A99A

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 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)
Physician Insurers Association of American Political Action Committee

A. Mr. William Passolt
 Full Name (Last, First, Middle Initial)
 Mailing Address 6133 North River Road
 Suite 650
 City Rosemont State IL Zip Code 60018-5173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMS National Insurance Co. Occupation President
 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 / 19 / 2016
Transaction ID : AE76B972B98C1474BBCE
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. James W. Pellegrini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Neonatology Associates
 320 Goodale Street
 City West Boylston State MA Zip Code 01583-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Medical Insurance Co. Occupation Physician
 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 / 16 / 2016
Transaction ID : ADDA26F9DEAB045869BD
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Mr. Kurt Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 623 SW 10th Ave
 City Topeka State KS Zip Code 66612-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAMMCO Occupation President & CEO
 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 / 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 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"/> 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 American Political Action Committee

A. Mr. Robert Sheridan
Full Name (Last, First, Middle Initial)

Mailing Address 16 Camelot Drive

City Hingham State MA Zip Code 02043-4866

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

Name of Employer Coverys Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2016

Transaction ID : A5AED84B47D2540CDA61

Amount of Each Receipt this Period
500.00

Memo Item

B. Mr. Robert Sheridan
Full Name (Last, First, Middle Initial)

Mailing Address 16 Camelot Drive

City Hingham State MA Zip Code 02043-4866

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

Name of Employer Coverys Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016

Transaction ID : ACBED44B2FC674421860

Amount of Each Receipt this Period
500.00

Memo Item

C. Dr. Jaan E. Sidorov
Full Name (Last, First, Middle Initial)

Mailing Address 413 Village Way

City Harrisburg State PA Zip Code 17112-8849

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

Name of Employer NORCAL Occupation Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2016

Transaction ID : A78B4C7E7B39343678B2

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 15 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)
Physician Insurers Association of American Political Action Committee

A. Mr. W. Stancil Starnes
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 590009
 City Birmingham State AL Zip Code 35259-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProAssurance Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 18 / 2016
Transaction ID : A51D4DF1B5DEE4B9880C
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Dr. Daniel J. Suiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Country Club Rd
 City Pratt State KS Zip Code 67124-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAMMCO Occupation Chairman, Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2016
Transaction ID : ADB726B4ED1D34378BF0
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dr. James Q. Swift
 Full Name (Last, First, Middle Initial)
 Mailing Address University of Minnesota, Dept. of Moos Tower 7-174
 City Minneapolis State MN Zip Code 55455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMSNIC Occupation Chair of Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 18 / 2016
Transaction ID : A181AC798813A455CA29
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00
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 16 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Dr. Austin Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address West Virginia Mutual Insurance Com
 500 Virginia Street, East
 City Charleston State WV Zip Code 25301-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WVMIC Occupation President & CEO
 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 / 07 / 2016
Transaction ID : A9294D65E6E164FE79AC
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Dr. Brian Wicks
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 91220
 City Seattle State WA Zip Code 98111-9320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Insurance, A Mutual Company Occupation Past Board Chair
 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 / 2016
Transaction ID : A4A5239D122B54295A7F
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Mr. Jose R. Zorola
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 55178
 One Financial Center
 City Boston State MA Zip Code 02205-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation Chief Underwriting Officer
 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 / 23 / 2016
Transaction ID : A5D7870404C2043EC99C
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	13600.00

**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 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)
Physician Insurers Association of American Political Action Committee

A. The Doctors Company Federal PAC (DOCPAC)
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016
Transaction ID : A8E43AEE23A044AB3A37
 Amount of Each Receipt this Period
 2500.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : BFF74188E70E74B99A1A

Amount of Each Disbursement this Period

40.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2016

Transaction ID : B866FB80471284EA3938

Amount of Each Disbursement this Period

67.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : BC86ED496A65A415397A

Amount of Each Disbursement this Period

56.25

Memo Item

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

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

164.25

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

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : B4F0497E5D1F64D0A9EB

Amount of Each Disbursement this Period

13.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : B363E1EA316274059B84

Amount of Each Disbursement this Period

13.50

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

27.00

191.25

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Brad Ashford for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124-0023

Purpose of Disbursement Candidate contribution

Candidate Name Rep. Brad Ashford

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 26 / 2016

Transaction ID : B341715839DE649CFAB1

Amount of Each Disbursement this Period 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

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