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Image# 13940020321

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An Au	thorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	type 12FE4M	5
Physician Insurers A	ssociation of America	Political Action Co	ommittee (PIAAF	PAC)
ADDRESS (number and street)	2275 Research Blvd. Ste. 250			
Check if different than previously reported. (ACC)	Rockville		MD	20850
2. FEC IDENTIFICATION	NUMBER ▼ C	TY▲	STATE ▲	ZIP CODE ▲
C C00319319		IS THIS NE REPORT (N)		MENDED A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:			g 20 (M8) Nov 20 (M11) (Non-Election Year Only) p 20 (M9) Dec 20 (M12) (Non-Election
April 15		r 20 (M4) Ju	20 (M7) Oc	Year Only) t 20 (M10) Jan 31 (YE)
Quarterly Report July 15 Quarterly Report	(c) 12-Day	Primary (12P) Convention (12	Genera C) Special	
October 15 Quarterly Report January 31	·) / Y Y Y	in the
Year-End Report July 31 Mid-Year		ion on		State of
Report (Non-elec Year Only) (MY)	POST-Election Report for the:	X General (30G)	Runoff	(30R) Special (30S)
Termination Repo		ion on 11	06 / 2012	in the State of
5. Covering Period	10 18 2012	through	M M / D D D 11 26	2012
I certify that I have examined	·	of my knowledge and be	lief it is true, correct a	nd complete.
Type or Print Name of Treasu	rer Mr. Mike Stinson			
Signature of Treasurer Mr	:. Mike Stinson	[Electronically F	iled] Date 01	M / 10 / Y Y Y Y Y Y Y 10 2013
NOTE: Submission of false, erro	oneous, or incomplete informati	on may subject the perso	n signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use Only				FEC 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 America Political Action Committee (PIAAPAC)

18 2012 26 2012 Report Covering the Period: 10 From: To: 11 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 19168.95 January 1, 2012 (b) Cash on Hand at 13973.45 Beginning of Reporting Period..... 19785.31 500.12 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 14473.57 38954.26 6(a) and 6(c) for Column B)..... 0.00 24480.69 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 14473.57 14473.57 (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 America Political Action Committee (PIAAPAC)

tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	500.00 , , , 0.00 500.00 0.00	18047.17 0.00 18047.17
Than Political Committees (i) Itemized (use Schedule A)	500.00	18047.17
(ii) Itemized (use Schedule A)	500.00	18047.17
(ii) Unitemized	500.00	18047.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) Political Party Committees Other Political Committees (such as PACs)	500.00	18047.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) Political Party Committees Other Political Committees (such as PACs)	500.00	18047.17
Lines 11(a)(i) and (ii) Political Party Committees Other Political Committees (such as PACs)		
Political Party Committees Other Political Committees (such as PACs)		
Other Political Committees (such as PACs)	0.00	
Other Political Committees (such as PACs)		0.00
(such as PACs)		
	0.00	1250.00
Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
	500.00	19297.17
y Committees	0.00	0.00
i		
oans Received	0.00	0.00
Repayments Received	0.00	0.00
ets To Operating Expenditures		
unds, Rebates, etc.)		
ry Totals to Line 37, page 5)	0.00	478.52
nds of Contributions Made		
	0.00	0.00
·		
	0.12	9.62
	0.00	
(from Schedule H3)	0.00	0.00
	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
51.1 To 2.5 (2.1 140(2) 2.1 140(2))	0.00	
otal fransfers (add 18(a) and 18(b))	0.00	0.00
	Totals to Line 33, page 5)	Interest of Enterest, etc.) In Repayments Received

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		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonida Tour to Buto		
(i) Federal Share	0.00	0.00		
(ii) Non Fodoral Shara	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	478.52		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))	0.00	478.52		
. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	0.00	24000.00		
. Independent Expenditures	0.00	0.00		
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
•				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
. Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	2.17		
		0.00		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2.17		
(add Lines 20(a), (b), and (c))				
. Other Disbursements	0.00	0.00		
Fodovol Flootion Activity (0.11.C.C. \$404/00	0))			
 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	200			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	24480.69		
	7			
. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	24480.69		

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)	500.00	19297.17
4. Total Contribution Refunds (from Line 28(d))	0.00	2.17
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500.00	19295.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	478.52
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	478.52
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE	6	OF	6	
(check only one)							
>	K 11a	11b		11c	12		
	13	14		15	16	;	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Association	of America Political Action Comm	ittee (PIAAPAC)
Full Name (Last, First, Middle Initial) Jack J. Beller Mailing Address 4423 Ridgeline Drive		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Norman FEC ID number of contributing	State Zip Code OK 73072	Transaction ID : SA11AI.4782 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Medical Director Aggregate Year-to-Date ▼ 300.00	Contribution
Full Name (Last, First, Middle Initial) Lisa Thomsen Mailing Address 5323 Crestview		Date of Receipt 10 25 2012
City LaVerne FEC ID number of contributing federal political committee.	State Zip Code CA 91750	Transaction ID : SA11AI.4783 Amount of Each Receipt this Period 200.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 200.00	- Individual Contribution
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line number	r only)	500.00