

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

ADDRESS (number and street) 2275 Research Blvd.  
Ste. 250  
Rockville MD 20850  
 Check if different than previously reported. (ACC)

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

C C00319319 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 / 06 / 2012 in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

I certify that I have examined this Report 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 Mr. Mike Stinson [Electronically Filed] Date 10 / 24 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

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="2012"/>		19168.95
(b) Cash on Hand at Beginning of Reporting Period.....	13264.78	
(c) Total Receipts (from Line 19) .....	2708.67	19285.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15973.45	38454.14
7. Total Disbursements (from Line 31).....	1000.00	23480.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14973.45	14973.45
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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).....	2700.00	17547.17
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2700.00	17547.17
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2700.00	18797.17
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).....	8.67	478.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	9.50
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))..... ▶	2708.67	19285.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2708.67	19285.19

**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 .....	0.00	478.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	478.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	23000.00
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	2.17
(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	2.17
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)) ..	1000.00	23480.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	23480.69

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2700.00	18797.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2.17
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2700.00	18795.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	478.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	8.67	478.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-8.67	0.00

**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 6 OF 10
<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

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 America Political Action Committee (PIAAPAC)**

**A. Mr. James F. Carland III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2602 E. Thomas Run  
 City Phoenix State AZ Zip Code 85016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MICA Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **10 / 12 / 2012**  
**Transaction ID : SA11AI.4751**  
 Amount of Each Receipt this Period **600.00**  
 Donation

**B. Dr. Maryann N. Cater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Aaron Woods  
 City Wheeling State WV Zip Code 26003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WV Mutual Insurance Company Occupation Board Member  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 15 / 2012**  
**Transaction ID : SA11AI.4756**  
 Amount of Each Receipt this Period **300.00**  
 Donation

**C. M. Walt Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2602 E Thomas Road  
 City Phoenix State AZ Zip Code 85106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Insurance Company of AZ Occupation Insurance executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **150.00**

Date of Receipt **10 / 05 / 2012**  
**Transaction ID : SA11AI.4746**  
 Amount of Each Receipt this Period **150.00**  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<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 10
	<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 America Political Action Committee (PIAAPAC)**

**A. Scott Diener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 Blackstone Drive  
 City San Rafael State CA Zip Code 94903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORCAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 10 / 16 / 2012  
**Transaction ID : SA11AI.4764**  
 Amount of Each Receipt this Period  
 150.00  
 Donation

**B. Tamara Lively-Huffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Stillwater Run  
 City Pow State WV Zip Code 25159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WV Mutual Insurance Co. Occupation Insurance executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 10 / 15 / 2012  
**Transaction ID : SA11AI.4752**  
 Amount of Each Receipt this Period  
 300.00  
 Donation

**C. Ronald Malpiedi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10747 N 140th Way  
 City Scottsdale State AZ Zip Code 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Insurance Company of AZ Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 10 / 09 / 2012  
**Transaction ID : SA11AI.4748**  
 Amount of Each Receipt this Period  
 150.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 10
<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)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Bruce R. Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Route 8, Box 131A  
 City Fairmont State WV Zip Code 26554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WV Mutual Insurance Co. Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2012  
**Transaction ID : SA11AI.4754**  
 Amount of Each Receipt this Period 300.00  
 Donation

**B. Dr. Stephen Sebert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Meadowcreek Drive  
 City Barboursville State WV Zip Code 25504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WV Mutual Insurance Co. Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 10 / 15 / 2012  
**Transaction ID : SA11AI.4758**  
 Amount of Each Receipt this Period 150.00  
 Donation

**C. W. Stancil Starnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 Caterbury Lane  
 City Birmingham State AL Zip Code 35223  
 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 ▼ 1200.00

Date of Receipt 10 / 09 / 2012  
**Transaction ID : SA11AI.4750**  
 Amount of Each Receipt this Period 600.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2700.00



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

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

FOR LINE NUMBER: PAGE 9 OF 10  
(check only one)

<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 America Political Action Committee (PIAAPAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Physician Insurers Association of America**

Mailing Address 2275 Research Blvd., Ste. 250

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
478.52

Date of Receipt  
10 / 15 / 2012  
**Transaction ID : SA15.4760**

Amount of Each Receipt this Period  
8.67

Check and PayPal expenses

**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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8.67
<b>TOTAL</b> This Period (last page this line number only).....▶	8.67

**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 America Political Action Committee (PIAAPAC)**

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement  
Campaign contribution

011

Category/  
Type

Candidate Name

**FREDERICK STEPHEN UPTON**

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : SB23.4762**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

1000.00