

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 M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2012 through 06 30 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 07 13 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.

Office Use Only

FEC FORM 3X Rev. 12/2004

**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"/>	<input type="text" value="19168.95"/>	<input type="text" value="19168.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20056.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14950.93"/>	<input type="text" value="15854.69"/>
(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="35007.14"/>	<input type="text" value="35023.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1160.85"/>	<input type="text" value="1177.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33846.29"/>	<input type="text" value="33846.29"/>
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

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).....	13527.17	14427.17
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13527.17	14427.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1250.00	1250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14777.17	15677.17
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).....	169.85	169.85
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.91	7.67
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))..... ▶	14950.93	15854.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14950.93	15854.69

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	160.85	177.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	160.85	177.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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)) ..	1160.85	1177.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1160.85	1177.35

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)	14777.17	15677.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14777.17	15677.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	160.85	177.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	169.85	169.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-9.00	7.50

**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 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Victor T. Adamo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1573 Woodbridge Place
 City Vestavia Hills State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProAssurance Corp. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 11 / 2012
Transaction ID : SA11AI.4549
 Amount of Each Receipt this Period 600.00
 Contribution

B. Mr. Donald H. Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 21st Avenue South
 City Nashville State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TN Medical Association Occupation Association Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2012
Transaction ID : SA11AI.4534
 Amount of Each Receipt this Period 300.00
 Contribution

C. Mr. Brian Atchinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 13209 Moran Drive
 City North Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Insurers Assn. Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 30 / 2012
Transaction ID : SA11AI.4504
 Amount of Each Receipt this Period 400.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1300.00
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 27
	<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 America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial) A. Ms. Cynthia J. Belcher			Date of Receipt
Mailing Address 16184 Marmer Drive			<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.4542
Huntington Beach	CA	92649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		Contribution
Coop of American Physicians	SVP, Membership		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeffrey Bowlby			Date of Receipt
Mailing Address 5508 Brocks Pass			<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.4563
Hoover	AL	35244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		Contribution
Officer			
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nancy Brusegaard			Date of Receipt
Mailing Address 1340 S. Beverly Glen Blvd. No. 311			<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.4550
Los Angeles	CA	90024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		Contribution
Coop. of American Physicians	VP, Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 27
	<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 America Political Action Committee (PIAAPAC)

A. William E. Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Kersey Road
 City Silver Spring State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PIAA Occupation VP, Associate Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 07 / 2012**
Transaction ID : SA11AI.4491
 Amount of Each Receipt this Period **300.00**
 Contribution

B. Dr. Donald R. Butts
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Peakwood Dr. Ste. 2-C
 City Houston State TX Zip Code 77090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.4505
 Amount of Each Receipt this Period **250.00**
 Contribution

C. 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 **300.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.4503
 Amount of Each Receipt this Period **300.00**
 Contribution

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 9 OF 27
	<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 America Political Action Committee (PIAAPAC)

A. Theodore Clarke
 Full Name (Last, First, Middle Initial)
 Mailing Address 25149 US HWY 40
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPIC Occupation Chair/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.4506
 Amount of Each Receipt this Period **300.00**
 Contribution

B. Dr. Juan Carlos Cobo
 Full Name (Last, First, Middle Initial)
 Mailing Address 29731 Orange Oak
 City Laguna State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cobo Surgical Medical Assoc. Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.4495
 Amount of Each Receipt this Period **300.00**
 Contribution

C. Patricia Dailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Creekwood Way
 City Hillsborough State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Care Assoc Med Grp Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : SA11AI.4537
 Amount of Each Receipt this Period **300.00**
 Contribution

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 10 OF 27
	<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 America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial) A. Scott Diener		Date of Receipt MM / DD / YYYY 04 / 20 / 2012 Transaction ID : SA11AI.4560
Mailing Address 621 Blackstone Drive		Amount of Each Receipt this Period 250.00
City San Rafael	State CA	Zip Code 94903
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer NORCAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. John A. Donaldson		Date of Receipt MM / DD / YYYY 04 / 11 / 2012 Transaction ID : SA11AI.4539
Mailing Address 443 Bellmore Way		Amount of Each Receipt this Period 100.00
City Pasadena	State CA	Zip Code 91103
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Coop. of American Physicians	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Sanford Elsass		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.4501
Mailing Address 3655 Brookside Parkway		Amount of Each Receipt this Period 300.00
City Alpharetta	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer JM Woodworth, RRG	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 11 OF 27
	<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 America Political Action Committee (PIAAPAC)

A. Dr. Lewis N. Estabrooks
Full Name (Last, First, Middle Initial)

Mailing Address 2319 Andalusia Way, NE

City St. Petersburg State FL Zip Code 33704

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

Name of Employer OMSNIC Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 07 / 2012
Transaction ID : SA11AI.4543

Amount of Each Receipt this Period
300.00

Contribution

B. Gloria Everett
Full Name (Last, First, Middle Initial)

Mailing Address 389 Saint Andrews Drive

City Napa State CA Zip Code 94558

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

Name of Employer MedAmerica Mutual RRG Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 12 / 2012
Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
250.00

Contribution

C. Ms. Cindy Lesonsky Farrington
Full Name (Last, First, Middle Initial)

Mailing Address 14603 Greenleaf Street

City Sherman Oaks State CA Zip Code 91403

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

Name of Employer Coop. of American Physicians Occupation SVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
05 / 02 / 2012
Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
150.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 27
<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. Paul R. Gabel
Full Name (Last, First, Middle Initial)

Mailing Address 550 Davis Street #Z

City San Francisco State CA Zip Code 94602

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

Name of Employer Professional VP Occupation
Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
04 / 12 / 2012
Transaction ID : SA11AI.4541

Amount of Each Receipt this Period
100.00

Contribution

B. Gregg Hanson
Full Name (Last, First, Middle Initial)

Mailing Address 150 Mount Hope Street

City North Attleboro State MA Zip Code 02760

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

Name of Employer Coverys Occupation President & CEO
Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 23 / 2012
Transaction ID : SA11AI.4510

Amount of Each Receipt this Period
500.00

Contribution

C. Dr. Donald W Hatton
Full Name (Last, First, Middle Initial)

Mailing Address 1641 Hillcrest Road

City Lawrenceville State KS Zip Code 66044

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

Name of Employer The Reed Medical Group Occupation Chairman of the Board
Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 18 / 2012
Transaction ID : SA11AI.4552

Amount of Each Receipt this Period
250.00

Contribution

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 13 OF 27
<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)

Full Name (Last, First, Middle Initial) A. Dr. Katrina M. Hood		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : SA11AI.4530
Mailing Address 751 Brookhill Drive		Amount of Each Receipt this Period 300.00
City Lexington	State KY	Zip Code 40502
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Pediatric & Adolescent Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Carl T. Hook		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 Transaction ID : SA11AI.4480
Mailing Address 1916 Whispering Pines		Amount of Each Receipt this Period 600.00
City Norman	State OK	Zip Code 73072
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer PLICO	Occupation MD/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Michael Houpt		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : SA11AI.4555
Mailing Address 88 Boseman-Paine Circle		Amount of Each Receipt this Period 50.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Medical Assurance Co. of MS	Occupation Insurance executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 27
	<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 America Political Action Committee (PIAAPAC)

A. Steven Kelly
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 225, 601 Quail Creek Ave

City State Zip Code
Newton KS 67114

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2012
Transaction ID : SA11AI.4544

Amount of Each Receipt this Period
150.00

Contribution

B. Dr. Bela Kenessey
Full Name (Last, First, Middle Initial)

Mailing Address 4635 Kingswood Drive

City State Zip Code
Danville CA 94506

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2012
Transaction ID : SA11AI.4499

Amount of Each Receipt this Period
250.00

Contribution

C. Mr. Peter Kezirian
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Allen Avenue

City State Zip Code
Pasadena CA 91106

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

Name of Employer Occupation
Coop. of American Physicians SVP, Corporate Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2012
Transaction ID : SA11AI.4533

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 27
	<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 America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial) A. Mr. John Lytle		Date of Receipt
Mailing Address 123 Overland Trail		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
White Hall	AR	71602
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.4562
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>	<input type="text" value="150.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) B. Dr. Gary E. Meredith		Date of Receipt
Mailing Address 613 Marr Drive		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Signal Mountain	TN	37377
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.4558
Pediatric Dianostic Assoc.	Pediatrician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) C. Gary L. Morse		Date of Receipt
Mailing Address 106 N. 73rd Street		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Seattle	WA	98103
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.4602
Physicians Ins. A Mutual Co.	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 27
	<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 America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial)
A. Mollie O'Brien

Mailing Address 651 West Mount Pleasant Avenue

City Livingston State NJ Zip Code 07039

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

Name of Employer Superior Insurance Company Occupation Executive

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
 06 / 22 / 2012
Transaction ID : SA11AI.4527

Amount of Each Receipt this Period
 300.00

Contribution

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

Mailing Address 2704 Stonehaven Place

City Birmingham State AL Zip Code 35242

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

Name of Employer SVP-Communication Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2012
Transaction ID : SA11AI.4519

Amount of Each Receipt this Period
 100.00

Contribution

Full Name (Last, First, Middle Initial)
C. Mr. Gordon T. Ownby Esq.

Mailing Address 3715 Los Olivos Lane

City La Crescenta State CA Zip Code 91214

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

Name of Employer Coop. of American Physicians Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : SA11AI.4565

Amount of Each Receipt this Period
 100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 17 OF 27
	<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 America Political Action Committee (PIAAPAC)

A. William Passolt
Full Name (Last, First, Middle Initial)
Mailing Address 172 Knightsbridge Drive
City Mundelein State IL Zip Code 60060
FEC ID number of contributing federal political committee. **C**
Name of Employer OMS National Ins. Co. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 13 / 2012
Transaction ID : SA11AI.4554
Amount of Each Receipt this Period 300.00
Contribution

B. Rebecca Patchin
Full Name (Last, First, Middle Initial)
Mailing Address 18195 Kross Road
City Riverside State CA Zip Code 92508
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2012
Transaction ID : SA11AI.4520
Amount of Each Receipt this Period 250.00
Contribution

C. Patricia Pigoni
Full Name (Last, First, Middle Initial)
Mailing Address 159 S. Prairie Avenue
City Bloomingdale State IL Zip Code 60108
FEC ID number of contributing federal political committee. **C**
Name of Employer OMSNIC Occupation SVP, Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 07 / 2012
Transaction ID : SA11AI.4484
Amount of Each Receipt this Period 300.00
Contribution

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 18 OF 27
	<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. Jan Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address 5305 Connecticut Ave., NW
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Director of Meetings & Education Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **04 / 23 / 2012**
Transaction ID : SA11AI.4564
 Amount of Each Receipt this Period **25.00**
 Contribution

B. Kurt Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 4416 SW Pinebrook Lane
 City Topeka State KS Zip Code 66610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAMMCO Occupation Insurance Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.4512
 Amount of Each Receipt this Period **250.00**
 Contribution

C. Mr. Andrew L. Sew Hoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 South Grand Avenue, Ste. 300
 City Los Angeles State CA Zip Code 90015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 09 / 2012**
Transaction ID : SA11AI.4540
 Amount of Each Receipt this Period **300.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 19 OF 27
	<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 America Political Action Committee (PIAAPAC)

A. Jaan Sidorov
Full Name (Last, First, Middle Initial)

Mailing Address 413 Village Way

City Harrisburg State PA Zip Code 17112

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : SA11AI.4531

Amount of Each Receipt this Period
 150.00

Contribution

B. Mr. James E. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 268 Gillette Drive

City Franklin State TN Zip Code 37069

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

Name of Employer State Volunteer Mutual Ins. Co Occupation Insurance executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
 150.00

Contribution

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
 600.00

Contribution

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 20 OF 27
	<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 America Political Action Committee (PIAAPAC)

A. Mr. Thomas H. Stearns
Full Name (Last, First, Middle Initial)

Mailing Address 7331 Nolensville Rd

City Nolensville State TN Zip Code 37135

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

Name of Employer VP, Medical Pract. Serv. Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
04 / 16 / 2012
Transaction ID : SA11AI.4551

Amount of Each Receipt this Period
150.00

Contribution

B. Phillip Unger
Full Name (Last, First, Middle Initial)

Mailing Address 1709 Raintree Road

City Fullerton State CA Zip Code 92835

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 30 / 2012
Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
300.00

C. Mr. Justin Walcott
Full Name (Last, First, Middle Initial)

Mailing Address 17506 Saint Theresa Drive

City Olney State MD Zip Code 20832

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

Name of Employer Physician Ins Assoc of America Occupation IT Support Associate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.83

Date of Receipt
04 / 16 / 2012
Transaction ID : SA11AI.4596

Amount of Each Receipt this Period
0.83

Google payment system test

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.83

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 21 OF 27
	<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 America Political Action Committee (PIAAPAC)

A. Mr. Justin Walcott
Full Name (Last, First, Middle Initial)

Mailing Address 17506 Saint Theresa Drive

City Oney State MD Zip Code 20832

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

Name of Employer Physician Ins Assoc of America Occupation IT Support Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2.17**

Date of Receipt **05 / 01 / 2012**

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period **1.34**

Google payment system test

B. John Washburn
Full Name (Last, First, Middle Initial)

Mailing Address 5326 R.F.D.

City Long Grove State IL Zip Code 60047

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

Name of Employer ISMIE Occupation Insurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 30 / 2012**

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period **250.00**

Contribution

C. Mr. Paul Weber
Full Name (Last, First, Middle Initial)

Mailing Address 655 Beach Street

City San Francisco State CA Zip Code 94109

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

Name of Employer OMIC Occupation Risk Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 07 / 2012**

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period **500.00**

Contribution

SUBTOTAL of Receipts This Page (optional)..... **751.34**

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 22 OF 27
<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. Mr. James L. Weidner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2033-2 Rosemont Avenue
 City Pasadena State CA Zip Code 91103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coop. of American Physicians Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 12 / 2012
Transaction ID : SA11AI.4536
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Dr. Glenn H. Weissman
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Sycamore Lane
 City Bradbury State CA Zip Code 91008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 13 / 2012
Transaction ID : SA11AI.4535
 Amount of Each Receipt this Period 300.00
 Contribution

C. Steven C. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1047 Falling Leaf Circle
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Volunteer Mutual Ins. Co Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 13 / 2012
Transaction ID : SA11AI.4556
 Amount of Each Receipt this Period 300.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	13527.17

**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 23 OF 27
<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)
COOPERATIVE OF AMERICAN PHYSICIANS - MUTUAL PROTECTION TRUST (CAP-MPT) FEDERAL PAC

Mailing Address 333 SOUTH HOPE STREET
8TH FLOOR

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00161604

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2012

Transaction ID : SA11C.4583

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
DOCTORS' COMPANY FEDERAL PAC (DOCPAC) ; THE

Mailing Address 185 GREENWOOD ROAD

City NAPA State CA Zip Code 94558

FEC ID number of contributing federal political committee. **C** C00300376

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2012

Transaction ID : SA11C.4584

Amount of Each Receipt this Period
250.00

Contribution

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼
169.85

Date of Receipt
06 / 29 / 2012
Transaction ID : SA15.4587

Amount of Each Receipt this Period
169.85

Reimbursement of Pay Pa 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

SUBTOTAL of Receipts This Page (optional).....▶	169.85
TOTAL This Period (last page this line number only).....▶	169.85

**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 25 OF 27
<input 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 checked="" type="checkbox"/> 17

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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. Merrill Lynch		Date of Receipt MM / DD / YYYY 04 / 20 / 2012 Transaction ID : SA17.4595
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 1.34
City Yardley	State PA	Zip Code 19067
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.10	

Full Name (Last, First, Middle Initial) B. Merrill Lynch		Date of Receipt MM / DD / YYYY 05 / 08 / 2012 Transaction ID : SA17.4594
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.36
City Yardley	State PA	Zip Code 19067
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.46	

Full Name (Last, First, Middle Initial) C. Merrill Lynch		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA17.4593
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.91
City Yardley	State PA	Zip Code 19067
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6.37	

SUBTOTAL of Receipts This Page (optional).....▶	2.61
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 26 OF 27	
(check only one)			
<input 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 checked="" type="checkbox"/> 17

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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. Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **7.67**

Date of Receipt
06 / 29 / 2012

Transaction ID : SA17.4592

Amount of Each Receipt this Period
1.30

Interest

Full Name (Last, First, Middle Initial)
B.

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

Full Name (Last, First, Middle Initial)
C.

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

SUBTOTAL of Receipts This Page (optional).....▶	1.30
TOTAL This Period (last page this line number only).....▶	3.91

**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. GINGREY FOR CONGRESS

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement
Campaign contribution

Candidate Name

J PHILLIP MD GINGREY

Office Sought: House
 Senate
 President
State: GA District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SB23.4600

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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)..... ▶

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

1000.00

1000.00