PAGE 1 / 10

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	5/	For Other Than An Au	tnonzea Committee	Office Use Only
1. NAME COMM	E OF MITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Medica	al Professional	Liability Association F	Political Action Commit	tee
ADDRESS	(number and street)	2275 Research Boulevard		
	Check if different	Ste. 250		
	nan previously eported. (ACC)	Rockville		MD 20850-6213
2. <b>FEC</b>	IDENTIFICATION I	NUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
С	C00319319		IS THIS REPORT NEW (N) O	R AMENDED (A)
	E OF REPORT se One)	Report Due On:	b 20 (M2) May 20 (I	(Non-Election Year Only)
(a) C	Quarterly Reports:	Ma	r 20 (M3) Jun 20 (N	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
П	April 15		r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
H	Quarterly Report  July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
H	Quarterly Report October 15	(Q2) Report for the:	Convention (12C)	Special (12S)
	Quarterly Report  January 31		M = M / D = D	/ Y Y Y Y Y in the
ᆜ	Year-End Report	(1L)	on on	State of
Ш	July 31 Mid-Year Report (Non-elec Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
	Termination Repo		on on 11 / 06	in the State of
5. Cover		10 18 2018	through 11	
I certify that	at I have examined	this Report and to the best o	f my knowledge and belief it is	s true, correct and complete.
Type or Pr	rint Name of Treasu			
Signature	of Treasurer	chinson, Brian, K., Mr.,	[Electronically Filed]	Date 12 / 03 / 2018
NOTE: Sub	omission of false, erro	oneous, or incomplete information	on may subject the person signir	ng this Report to the penalties of 52 U.S.C. § 30109
	Office Use			FEC FORM 3X Rev. 05/2016
	Only	1 1	1 1	1164. 00/2010

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

#### Medical Professional Liability Association Political Action Committee

Report Covering the Period: From: 10 18 2018 To: 11 26 2018

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2018		35319.38
	(b) Cash on Hand at Beginning of Reporting Period	8870.44	
	(c) Total Receipts (from Line 19)	501.60	24930.91
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9372.04	60250.29
7.	Total Disbursements (from Line 31)	1006.75	51885.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8365.29	8365.29
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 BY 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. 05/2016)

Write or Type Committee Name

#### Medical Professional Liability Association Political Action Committee

10 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 450.00 21500.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 21500.00 450.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 2500.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 24000.00 450.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 49.50 885.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 45.91 (Dividends, Interest, etc.)..... 2.10 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 24930.91 12, 13, 14, 15, 16, 17, and 18(c))....... 501.60 20. Total Federal Receipts 501.60 24930.91 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	.5 1 5.100	Galerida Tear-to-bate
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	6.75	885.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6.75	885.00
2. Transfers to Affiliated/Other Party	7 7 7	4 4
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	51000.00
. Independent Expenditures	200	200
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other	4 4 4	
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		4 4 4
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
ŕ	4 4	4 4
Other Disbursements (Including     Non-Federal Donations)	0.00	0.00
Non-rederal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	20))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) III a siali Obara		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	4 4	
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))	1006.75	51885.00
	1000.75	01000.00
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1006.75	51885.00
ŕ	7 7	31003.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 450.00 24000.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 24000.00 450.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 6.75 885.00 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 885.00 49.50 (from Line 15, page 3)..... 38. Net Operating Expenditures <del>-</del> 42.75 0.00 (subtract Line 37 from Line 36) ......

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

FEC ID number of contributing

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

FOR LINE NUMBER:					PAGE	6	OF	10	
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	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) Medical Professional Liability Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Couch, Chad, T., Dr., Date of Receipt Mailing Address PO Box 1065 13 2018 City Zip Code State Transaction ID: AF0016E93352146589E9 TN Brentwood 37024-1065 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Bristol Regional Medical Center Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kenmir, Claudette, , , Date of Receipt Mailing Address PO Box 91220 11 2018 City State Zip Code Transaction ID : A11A091AD62034613BB2 WA Seattle 98111-9320 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physicians Insurance A Mutual Company Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 150.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period

federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	·····	450.00
TOTAL This Period (last page this line numbe	r only)	450.00
		FEC Schedule A (Form 3X) Rev. 06/2

C

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 10 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and So or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Medical Professional Liability As	ssociation	n Political Action Comr	nittee
Full Name of Individual (Last, First, Middle Init  Medical Professional Liability Association  Mailing Address 2275 Research Blvd  Ste 250  City  Rockville  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General	State MD	Zip Code 20850-6213 upation (for Individual)	Date of Receipt  10 18 2018  Transaction ID : AE295DD9131124CAEB36  Amount of Each Receipt this Period  42.75  Memo Item  Reimbursement for credit card fees
Full Name of Individual (Last, First, Middle Init  3. Medical Professional Liability Associ  Mailing Address 2275 Research Blvd  Ste 250  City  Rockville  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify) ▼	State MD C	arganization Name    Zip Code	Date of Receipt  11 12 2018  Transaction ID : ACD880FB2B0D440C584B  Amount of Each Receipt this Period  6.75  Memo Item  Credit care fee reimbursement
Full Name of Individual (Last, First, Middle Init  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)	State	4	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional)		)	49.50

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

49.50

A.

В.

C.

Receipt For:

Primary

Other (specify)

General

#### **SCHE** ITEM

lmage# 201812039133906442			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 10 (check only one)  11a 11b 11c 12 13 14 15 16 <b>X</b> 17
Any information copied from such Reports and or for commercial purposes, other than using to	Statements mathe name and a	ay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Medical Professional Liability	Association	n Political Action Com	nmittee
Full Name of Individual (Last, First, Middle <b>A.</b> Merrill Lynch	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1040 Stony Hill Rd Ste 1050			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yardley	State PA	Zip Code 19067-5509	Transaction ID : A92B92A86D30348ABA5D  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		2.10
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Interest
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 45.91	
Full Name of Individual (Last, First, Middle B.	Date of Receipt		
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle C.	Date of Receipt		
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item

Aggregate Year-to-Date ▼

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

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

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	for commercial purposes, other than using the na														
$  \setminus $	NAME OF COMMITTEE (In Full)					• •									
/	Medical Professional Liability Asso	ociation F	Political Action	on C	om	ımıtı	ee								
Full Name (Last, First, Middle Initial)							_								
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	Mailing Address 205 Pennsylvania Ave SE						11 02 2018								
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	Purpose of Disbursement Credit card processing fee				_	٦l	С								
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	Mailing Address								Ĺ.		L				
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	(check only	· ·						
	Detailed S	Summary Page	21b 28a	22 <b>x</b> 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and States or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)  Medical Professional Liability Asso										
Full Name (Last, First, Middle Initial)  FRIENDS OF SUSAN BROOKS  Mailing Address 9425 N MERIDIAN STREET				Date of Disbursement  10 18 2018						
# 237	O	7: 0 1								
City INDIANAPOLIS Purpose of Disbursement	State IN	Zip Code 46260-1308		FEC Identification Number						
Campaign contribution				C C00500207  Transaction ID: B8034E20247  Amount of Each Disbursement this Period						
Candidate Name Brooks, Susan, W., Rep.,			Category/							
	ment For: 2 Primary Other (spec	<b>x</b> General	Type	1000.00						
State: IN District: 05	(-	<i>,</i> , ,		Memo Item						
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Office Sought: House Disbursel Senate	ment For: Primary	General								
State: President  District:	Other (spec	ify) ▼		Memo Item						
SUBTOTAL of Disbursements This Page (optional)			······	1000.00						
TOTAL This Period (last page this line number only)	)			1000.00						