PAGE 1 / 8

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3	F	or Other	Than An Au	ıthorized	I Commi	ttee		Office U	Jse Only	
NAME OF COMMITTEE		TYPE OR I	PRINT ▼		mple: If ty r the lines.		12FE	E4M5		
Medical Pro	fessional Li	iability A	ssociation	Political	Action	Committe	ee			
									<u> </u>	
ADDRESS (number	er and street)	2275 Res	search Boulevard	I						
Check if than pre reported		Ste. 250 Rockville))				MD	2085	0-6213	
2. FEC IDENT	IFICATION NU	MBER ▼		OITY A			STATE A		ZIP CODE	■
C C003	19319		3.	IS THIS REPORT	x	NEW (N) OR		AMENDED (A)		
4. TYPE OF I (Choose One) (a) Quarterly April	Reports:	(b) Mon Rep Due	ort On:	eb 20 (M2) ar 20 (M3) pr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) Non-Election ear Only) Dec 20 (M12) Non-Election ear Only)
Qua July Qua Octo	arterly Report (Q	2)	12-Day PRE-Election Report for the:		Primary (1			neral (12G)	R	lunoff (12R)
Jan	uary 31 r-End Report (YI		Elec	tion on	11	03	2020		in the State of	
Rep Yea	31 Mid-Year oort (Non-election r Only) (MY)	n (d)	30-Day POST-Election Report for the:		General (3	80G)	Rur	noff (30R)	s	pecial (30S)
Terr (TE	nination Report R)		Elec	tion on	M = M	/ D D /	Y	Y	in the State of	
5. Covering Per	iod 10	y / D 01	2020	Y	through	10	14		20	
I certify that I have Type or Print Nar		Atchinso	nd to the best n, Brian, K., Mr.,	of my knov	wledge and	d belief it is t	rue, correc	ct and comple	te.	
Signature of Trea	Atchin	nson, Brian, I	Х., <i>М</i> г.,		[Electronico	ally Filed]	Date	M M / D		2020
NOTE: Submission	of false, errone	eous, or inco	omplete information	ion may su	bject the p	erson signing	this Repor	t to the penalt	ies of 52 U	.S.C. § 30109
Office Use Only									FORN Rev. 05/201	

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 01 2020 To: 10 14 2020

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		28509.16
	(b) Cash on Hand at Beginning of Reporting Period	26008.12	
	(c) Total Receipts (from Line 19)	30.00	26193.83
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26038.12	54702.99
7.	Total Disbursements (from Line 31)	3001.35	31666.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23036.77	23036.77
9.	Debts and Obligations Owed TO 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 01 2020 10 14 2020 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 30.00 21855.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 21855.00 30.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 3500.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 25355.00 30.00 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.) 0.00 651.37 (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 187.46 (Dividends, Interest, etc.)..... 0.00 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), 12, 13, 14, 15, 16, 17, and 18(c))....... 30.00 26193.83 20. Total Federal Receipts 30.00 26193.83 (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)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	1.35	666.22			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1.35	666.22			
2. Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees and Other Political Committees	3000.00	31000.00			
. Independent Expenditures	45 45 45				
(use Schedule E)	0.00	0.00			
(use Schedule F)	0.00	0.00			
S. Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00			
Than Political Committees	0.00	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	0.00			
. Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
 Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) 					
(i) Federal Share	0.00	0.00			
(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 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))	3001.35	31666.22			
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	3001.35	31666.22			

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) 30.00 25355.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 25355.00 30.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 1.35 666.22 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 651.37 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 1.35 14.85 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Use separate schedule(s) for each category of the

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Detailed Summary Page 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 Hanscom, Robert B., , Mr., Date of Receipt Mailing Address One Financial Center 675 Atlantic Avenue 2020 City Zip Code State Transaction ID: A7E1D0D2C0BE04109AB8 MA **Boston** 02111-2621 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Risk Management & Analytics Coverys Receipt For: Aggregate Year-to-Date ▼ Primary General 30.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 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 FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	I	NUMBER: PAGE 8 OF 8						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 X 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) Medical Professional Liability Associations (In Full)	•								
Full Name (Last, First, Middle Initial) A. BUDDY CARTER FOR CONGRES	SS		Date of Disbursement						
Mailing Address PO BOX 10570			10 05 2020						
,	State Zip Code GA 31412		FEC Identification Number						
Campaign contribution Candidate Name		Category/	C C00543967 Transaction ID : B485A71D8D Amount of Each Disbursement this Period						
Senate	nent For: 2022 Primary	Type	1000.00						
State: GA District: 01 Full Name (Last, First, Middle Initial) B. BURGESS VICTORY FUND			Date of Disbursement						
Mailing Address PO BOX 30844			10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
•	State Zip Code MD 20824		FEC Identification Number						
Campaign contribution Candidate Name BURGESS VICTORY FUND		Category/ Type	C C00730549 Transaction ID : BA83BB1515; Amount of Each Disbursement this Period						
Senate	nent For: 2020 Primary		1000.00 Memo Item						
Full Name (Last, First, Middle Initial) STEVE DAINES FOR MONTANA			Date of Disbursement						
Mailing Address PO BOX 1598			10 07 2020						
,	State Zip Code MT 59624-1598		FEC Identification Number C C00491357 Transaction ID: B1CFC633F3						
Candidate Name Daines, Steve, , Sen.,	Category/ Type	Amount of Each Disbursement this Period							
x Senate	nent For: 2020 Primary General Other (specify)		1000.00 Memo Item						
SUBTOTAL of Disbursements This Page (optional)			3000.00						
TOTAL This Period (last page this line number only).			3000.00						