FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS	ee	Office Use Only	y
1. NAME OF COMMITTEE (in fu		C MAILING LABEL E OR PRINT 🕎	Example:If typing over the lines	, type		
Physician Insurers	Association of Ame	rica Political Action Com				
ADDRESS (number and	street) 2275	Research Blvd.				
Check if differ than previousl reported. (AC	ent LLL V Bock				20850	
2. FEC IDENTIFICAT			A	STAT		ODE 🔺
C00319319		3. IS T REF		NEW N) OR	X AMENDED (A)	
X October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	Report(Q1) (c Report(Q2) 15 Report(Q3) 31 Report(YE) 16-Year on-election (c	PRE-Election Report for the: Election of	(M3) (M4) Primary (12P Convention (on General (300	12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) in the State Runoff (30R) in the State	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	ined this Report and reasurer <u>Mr. N</u> Ele <u>ctronically File</u>	/like Stinson d by Mr. Mike Stinson	- -	true, correct and c	3 0 2 0 1 0 omplete.	2 0 1 0 J.S.C 437g.
Office Use Only					FEC FO (Rev. 12/2	RM 3X

Image# 10931917460

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name	
Discretetare la surveya Alexandratia	_

Physician Insurers Association of America Political Action Committee (PIAAPAC) ММ DD YYYY ММ D Y D 2010 07 01 2010 09 30 From: Report Covering the Period: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6. 20¹0¹ Υ 18734.94 January 1 (b) Cash on Hand at 29530.73 Begining of Reporting Period 5300.66 16096.45 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 34831.39 34831.39 6(a) and 6(c) for Column B) 25800.00 25800.00 Total Disbursements (from Line 31) 7. Cash on Hand at Close of 8. **Reporting Period** 9031.39 9031.39 (subtract Line 7 from Line 6(d)) Debts and Obligations owed то 9. the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed BY the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

Image# 10931917461

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)

R	Peport Covering the Period: From: 07		To: 09 30 201
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	5000.00	15795.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) >	5000.00	15795.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5000.00	15795.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	300.00	300.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.66	1.45
3.	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 Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5300.66	16096.45
).	Total Federal Receipts (subtract Line 18(c) from Line 19)	5300.66	16096.45

Image# 10931917462

DETAILED SUMMARY PAGE

		4 / 24	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
 Operating Expenditures: (a) Shared Federal/Non-Federal 			
Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share			
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating			
Expenditures	0.00	0.00	
(c) Total Operating Expenditures	0.00	0.00	
(add 21(a)(i), (a)(ii) and (b)) 2. Transfers to Affiliated/Other Party	0.00	0.00	
Committees	0.00	0.00	
Contributions to			
Federal Candidates/Committees and Other Political Committees	25500.00	25500.00	
4. Independent Expenditure	0.00	0.00	
(use Schedule E) 5. Coordinated Expenditures Made by Party		0.00	
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made	0.00	0.00	
Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	0.00	0.00	
(b) Political Party Committees(c) Other Political Committees		0.00	
(c) Other Foliaca Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00	
9. Other Disbursements	300.00	300.00	
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
	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	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
1. Total Disbursements (add Lines 21(c), 22,	25900.00	25800.00	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25800.00	2000.00	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	25800.00	25800.00	

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FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

5 / 24

	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)	5000.00	15795.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	15795.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	300.00	300.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-300.00	-300.00	

FE6AN026

or fo	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full)	tatements may not be sold or used by any persor			
		name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.		
		rica Political Action Committee (PIAAPA	C)		
	ull Name (Last, First, Middle Initial) ohn O. Alexander	Date of Receipt			
N	lailing Address 10104 Swan Valley La	M M / D D / Y Y Y Y 09 30 2010			
	ity	State Zip Code	Transaction ID: SA11AI.4245		
_	Nustin	TX 78759	Amount of Each Receipt this Period		
F	EC ID number of contributing ederal political committee.	C	250.00		
	ame of Employer MLT	Occupation	PAC Contribution		
R	eceipt For:	Sr. VP, Underwriting Aggregate Year-to-Date ▼	_		
	Primary General Other (specify) ▼	350.00			
	ull Name (Last, First, Middle Initial) r. Alan C. Baum		Date of Receipt		
N	lailing Address 651 Bering Drive #2004		M M / D D / Y		
	ity	State Zip Code			
_	louston	TX 77057	Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.		250.00		
N T	ame of Employer MLT	Occupation Ophthalmologist	 PAC Contribution 		
R	eceipt For:	Aggregate Year-to-Date V	_		
	Primary General Other (specify) ▼	250.00			
	ull Name (Last, First, Middle Initial) r. Donald R. Butts		Date of Receipt		
	lailing Address 800 Peakwood Dr. Ste. 2-C				
C	ity	State Zip Code	Transaction ID: SA11AI.4224		
_	louston	TX 77090	Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	C	250.00		
NS	ame of Employer elf	Occupation Surgeon	PAC Contribution		
R	eceipt For:	Aggregate Year-to-Date ▼	-		
	Primary General Other (specify) ▼	250.00			
SUE	BTOTAL of Receipts This Page (optional)	L	750.00		
	FAL This Period (last page this line number				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 7 / 24 (check only one)			
or for commercial purposes, other than usi	America Political Action Committee (PIAAPA	solicit contributions from such committee.			
Filysician insurers Association of					
Full Name (Last, First, Middle Initial) Donald J. Chow Mailing Address 10104 Baxter Lar	Donald J. Chow				
Mailing Address 10104 Baxter Lar					
City	State Zip Code	Transaction ID: SA11AI.4239			
Austin	TX 78736	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer TMLT	Occupation SVP, Sales & Marketing	 PAC Contribution 			
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	250.00				
Full Name (Last, First, Middle Initial) Cristie Columbus		Date of Receipt			
Mailing Address 6226 Mimosa		M M / D D / Y Y Y Y 0 9 3 0 2 0 1 0			
City	State Zip Code	Transaction ID: SA11AI.4231			
Dallas	TX 75230	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		PAC Contribution			
Name of Employer North Texas ID Associates	Occupation Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Carrol Ray Demel		Date of Receipt			
Mailing Address 11115 Aldenburg	h Court	M M / D D / Y Y Y Y 09 30 2010			
City	State Zip Code	Transaction ID: SA11AI.4246			
Austin	TX 78737	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		250.00			
Name of Employer TMLT	Occupation Accountant	PAC Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optio	nal)	750.00			
TOTAL This Period (last page this line nu	Imber only)				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 8 / 24 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 11 11 11			
or for commercial purposes, other than usin	ng the name and address of any political committee to America Political Action Committee (PIAAPA	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) John J. Devin	Full Name (Last, First, Middle Initial) John J. Devin Mailing Address 10018 Wild Dunes Drive				
Mailing Address 10018 Wild Dunes					
City	State Zip Code	Transaction ID: SA11AI.4215			
Austin	TX 78747	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer TMLT	Occupation AVP Claims	PAC Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00				
Full Name (Last, First, Middle Initial) Arthur Evans		Date of Receipt			
Mailing Address 116 St. Andrews (M M / D D / Y Y Y Y 0 9 3 0 2 0 1 0				
City	State Zip Code	Transaction ID: SA11AI.4227			
Hideaway	TX 75771	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self	Occupation Physician	PAC Contribution			
Receipt For:	Aggregate Year-to-Date 🔻				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Bobby R. Fields		Date of Receipt			
Mailing Address 3852 Royal Troon	Drive	M = M / D = D / Y = Y = Y Y Y = Y Y Y Y = Y Y			
City	State Zip Code	Transaction ID: SA11AI.4205			
Round Rock	TX 78664	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer TMLT	Occupation CEO	PAC Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (option	nal)	650.00			
	mber only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 24 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	Physician Insurers Association of Am	erica Politica	I Action Committee (PIAAP	AC)
ے A.	Full Name (Last, First, Middle Initial) Jane R. Holeman	Date of Receipt		
	Mailing Address 5704 Sunset Ridge			M M / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4235
	Austin	ТХ	78735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TMLT	Occupation VP, Risk	n Management	Dwain
	Receipt For:		Year-to-Date V	1
	Primary General Other (specify) ▼		250.00]
- В.	Full Name (Last, First, Middle Initial) David G. Joseph			Date of Receipt
	Mailing Address 4208 Farhills Drive			M M / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4219
	Austin	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Austin Diagnostic Clinic	Occupation physician		PAC Contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) Vincent Kasch			Date of Receipt
	Mailing Address 16912 Tidewater Cove	e		M M / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4203
	Austin	TX	78717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer TMLT	Occupation CPA/Acc		PAC Contribution
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	100.00]
Γ	SUBTOTAL of Receipts This Page (optional) .			600.00
┝	CODICIAL OFFICEURIS THIS FAYE (UPLIONAL).			
	TOTAL This Period (last page this line number	r only)	I	

C	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10/24
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
1	I EMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
Γ	Any information copied from such Reports and	Statements may	not be sold or used by any pers	13 14 15 16 1
	or for commercial purposes, other than using th	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	Physician Insurers Association of Am	AC)		
× .	Full Name (Last, First, Middle Initial) Dana L. Leidig	Date of Receipt		
	Mailing Address 500 Young Ranch Rd	M M / D D / Y Y Y Y 09 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.4241
	Georgetown	TX	78628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	PAC Contribution
	TMLT		munications	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
		0 0	0 0 0 0 0 0 0 0	
. –	Full Name (Last, First, Middle Initial) M. Dwain McDonald			Date of Receipt
	Mailing Address 3808 Branch Road			09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4233
	Forth Worth	ТХ	76109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation physician		— Dwain
	Receipt For:	1 1 2	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Data of Despirat
•	Stuart McDonald Mailing Address 1521 Cooper Street			Date of Receipt
				09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4211
	Fort Worth	TX	76104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Physiciar		PAC Contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/24 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sort for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Physician Insurers Association of Am	erica Politica	I Action Committee (PIAAP	AC)
∡ A.	Full Name (Last, First, Middle Initial) Jill H. McLain	Date of Receipt		
	Mailing Address 315 Eanes School Ro	ad		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.4248
	Austin	TX	78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TMLT	Occupation Insurance		PAC Contribution
	Receipt For:	I	e Year-to-Date V	\neg
	Primary General Other (specify) ▼		250.00]
– В.	Full Name (Last, First, Middle Initial) Sue Mills			Date of Receipt
	Mailing Address 10700 Scioto Ct.			M M / D D / Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.4213
	Austin	TX	78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer VP, Claims Operations	Occupation TMLT	n	PAC Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	150.00]
– C.	Full Name (Last, First, Middle Initial) Gail A. Nichols			Date of Receipt
	Mailing Address 9120 Hopeland Drive			M M / D D / Y Y Y Y 09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4237
	Austin	TX	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TMLT	Occupation VP, Hum	n Ian Resources	PAC Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
Γ	SUBTOTAL of Receipts This Page (optional) .			650.00
┢				
L	TOTAL This Period (last page this line number	r oniy)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 1				
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)						
	angle Physician Insurers Association of Am	(C)					
. Ľ	Full Name (Last, First, Middle Initial) H. B. Pantermuehl	Date of Receipt					
	Mailing Address 150 Fischer Cove Driv	ve	M M / D D / Y Y Y Y 09 30 2010				
	City	State Zip Code	Transaction ID: SA11AI.4207				
	Wimberely	TX 78676	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	100.00				
	Name of Employer TMLT	Occupation VP, Undewriting Services	PAC Contribution				
	Receipt For:	Aggregate Year-to-Date	-1				
	Primary General Other (specify) v	100.00					
_	Full Name (Last, First, Middle Initial) Robert I. Parks, Jr.		Date of Receipt				
	Mailing Address 3454 Granada Ave	0 9 / 3 0 / 2 0 1 0					
	City	State Zip Code	Transaction ID: SA11AI.4225				
	Dallas	TX 75205	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Pinnacle Anesthesia	Occupation Anesthesiologist	PAC Contribution				
	Receipt For:	Aggregate Year-to-Date ▼	-				
	Primary General Other (specify) ▼	250.00					
_	Full Name (Last, First, Middle Initial) Treg V. Russell	I	Date of Receipt				
	Mailing Address 3333 Azalea Blossom	Dr.	M M / D D / Y Y Y Y 09 30 2010				
	City	State Zip Code	Transaction ID: SA11AI.4243				
	Austin	TX 78748	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer TMLT	Occupation Info. Systems	PAC Contribution				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	250.00					
Γ		1	600.00				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/24 (check only one) I1a X 11a 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Physician Insurers Association of Amer	rica Politica	al Action Committee (PIAAF	AC)
Α.	Full Name (Last, First, Middle Initial) Jimmy Strong			Date of Receipt
	Mailing Address 433 Avenida De Leon			M · M / D · D / Y · Y · Y · Y Y Y · Y Y Y · Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4229
	Abilene	ТΧ	79602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Prof. Assoc. of Pediatrics	Occupatio physiciar		PAC Contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	►	5000.00

SCHEDULE A (FEC Form 3X)	Use ser
ITEMIZED RECEIPTS	Use sep for each Detailec

FOR LINE NUMBER: PAGE 14/24 parate schedule(s) (check only one) 11a 11b 11c 12 17 13 14 X 15 16 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)

Full Name (Last, First, Middle Initial) Physician Insurers Association of America		Date of Receipt
Mailing Address 2275 Research Blvd., S	ite. 250	M M / D D / Y
City	State Zip Code	Transaction ID: SA15.4335
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Reimbursement for Account Management Fees
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	►	300.00
TOTAL This Period (last page this line number only)	►	300.00

In EMIZED DISBURSEMENTS In each category of the Detailed Summary Page 21b 27 2 Any Information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes, other than using the name and address of any political committee to solicit or for commercial purposes of Disbursement for: Purpose of Disbursement Caregory City State Purpose of Disbursement Caregory State: OK Distor: 02 Full Name (Last, First, Middle Initial) Category BUCK FOR COLORADO Category Mailing Address PO BOX 101465	LINE NUMBER: PAGE 15 / 24 k only one)							
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SCHEDULE B (FEC Form 3 TEMIZED DISBURSEMENT	Use separate scriedule(s)	FOR LINE (check only 21b 27	NUMBER: PAGE 16 / 24 y one) 22 X 23 24 25 22 28a 28b 28c 29 3
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Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRES Mailing Address PO Box 442	5		Transaction ID: SB23.4282 Date of Disbursement 09^{M} / 29^{D} / 2010^{V}
City Allentown	State Zip Code PA 18105		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		v v	1000.00
Candidate Name CHARLES W REP DENT		Category/ Type	
Office Sought: X House Senate President State: PA District: 15	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010			Transaction ID: SB23.4254 Date of Disbursement
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City MUSKOGEE	State Zip Code OK 74402		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name THOMAS A COBURN		Category/ Type	1000.00
Office Sought: X Senate President State: OK District: 00	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS			Transaction ID: SB23.4256 Date of Disbursement
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City RIVERDALE	State Zip Code GA 30296		Amount of Each Disbursement this Period
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Candidate Name DAVID ALBERT SCOTT		Category/ Type	
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Physician Insurers Association of	America Political Action Commi	ttee (PIA	APAC)							
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City COLUMBUS	State Zip Code TX 78934				Amou	unt o	f Eacl	h D	Disbur			Period
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City Fargo	State Zip Code ND 58106				Amount of Each Disbursement this Period							
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Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE					Trans Date		isburs	sen	nent	3.42	74	
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NAME OF COMMITTEE (In Full) Physician Insurers Association of Ar	nerica Political Action Comm	ittee (PIAAPA	AC)						
Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS			Date of Dis	on ID: SB23 sbursement					
Mailing Address PO Box U			07 /	^D 3 0 /	ž010) ^Y			
City Marietta	State Zip Code GA 30060		Amount of	Each Disburs					
Purpose of Disbursement Campaign Contribution					1000.00)			
Candidate Name J PHILLIP MD GINGREY		Category/ Type							
Office Sought: House C X Senate President State: GA District: 00	bisbursement For: 2010 Primary X General Other (specify) ▼								
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC			Date of Dis	on ID: SB23 sbursement					
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City DES MOINES	State Zip Code IA 50304		Amount of	Each Disburs	ement this	Perio			
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Candidate Name CHARLES E SENATOR GRASSLE	(Category/ Type							
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Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRES	S		Date of Dis	on ID: SB23	.4296				
Mailing Address 4590 Macarthur Be Suite 500		07	^D 20	žoi () ^י				
City Newport Beach	State Zip Code CA 92660		Amount of	Each Disburs					
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SCHEDULE B (FEC Form 3X ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only 21b 27	NUMBER: PAGE 20 / 24 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Physician Insurers Association of An	he name and address of any political	committee to sol	or the purpose of soliciting contributions licit contributions from such committee
Full Name (Last, First, Middle Initial) A. KIRK FOR SENATE Mailing Address P.O. Box 8			Transaction ID: SB23.4264 Date of Disbursement
City Winnetka Purpose of Disbursement	State Zip Code IL 60093		Amount of Each Disbursement this Period
Campaign Contribution Candidate Name MARK STEVEN KIRK		Category/ Type	
Office Sought: House I X Senate President State: IL District: 00	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS			Transaction ID: SB23.4288 Date of Disbursement 09^{M} / 030^{J} / 2010^{Y}
Mailing Address P.O. BOX 521048			
City SALT LAKE CITY	State Zip Code UT 84152		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name JAMES D MATHESON		Category/ Type	1000.00
Office Sought: X House E Senate President State: UT District: 02	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS			Transaction ID: SB23.4292 Date of Disbursement
Mailing Address 2222 E. Cedar Ave	е.		$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} P \\ 2 \\ 9 \\ \end{array} \begin{array}{c} P \\ 2 \\ 9 \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 1 \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \right) $
City Flagstaff	State Zip Code AZ 86004		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name		Category/	500.00
PAUL ANTHONY GOSAR Office Sought: X House Senate President State: AZ District: 01	Disbursement For: 2010 Primary X General Other (specify) ▼	Туре	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
NAME OF COMMITTEE (In Full) Physician Insurers Association of America	e and address of any political	committee to soli	
Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE Mailing Address 8331 LITTLE HARBOR E	DRIVE		Transaction ID:SB23.4301Date of Disbursement $\begin{aligned} M & 7 & M & 2 & 1 \\ \hline 0 & 7 & 7 & 2 & 1 \\ \hline \end{array}$ $\begin{aligned} M & 7 & M & 2 & 1 \\ \hline 0 & 7 & 1 & 7 \\ \hline \end{array}$ $\begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 1 & 7 \\ \hline \end{array}$ $\begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 1 & 7 \\ \hline \end{array}$ $\begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 1 & 7 \\ \hline \end{array}$ $\begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 1 & 7 \\ \hline \end{array}$ $\begin{aligned} M & 7 & M & 7 \\ \hline \end{bmatrix}$ $\begin{aligned} M & 7 & M & 7 \\ \hline \end{bmatrix}$ $\begin{aligned} M & 7 & M & 7 \\ \hline \end{bmatrix}$ \beg
CIŃCINNATI	State Zip Code OH 45244		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name ROB PORTMAN		Category/ Type	1000.00
Office Sought: House Disburse X Senate President State: OH District: 00	ment For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. Box 425			Transaction ID:SB23.4278Date of Disbursement $M = M$ $0 = 9$ $'$ $2 = 8$ $'$ $2 = 8$
	State Zip Code GA 30077		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name THOMAS EDMUNDS PRICE		Category/ Type	1000.00
Office Sought: X House Disburse Senate President State: GA District: 06	ment For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS			Transaction ID: SB23.4262 Date of Disbursement
Mailing Address PO Box 2			$\begin{array}{c} \stackrel{M}{\overset{O}} \stackrel{M}{\overset{O}} \stackrel{M}{\overset{O}} & \stackrel{I}{\overset{D}} \stackrel{D}{\overset{D}} \stackrel{D}{\overset{D}} & \stackrel{I}{\overset{V}} & \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \stackrel{V}{\overset{V}} \\ \end{array} \\ \end{array}$
,	State Zip Code VA 24531		Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	one) 22 X 23 24 25 2 28a 28b 28c 29 3
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Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC Mailing Address 601 OREGON STRE	ET SUITE A		Transaction ID: SB23.4284 Date of Disbursement
City OSHKOSH	State Zip Code WI 54902		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name		Category/	1000.00
RONALD HAROLD JOHNSON Office Sought: House X Senate President State: District:	ursement For: 2010 Primary X General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) ROSSI FOR SENATE Mailing Address PO BOX 50713			Transaction ID:SB23.4268Date of Disbursement $0^{M} 9^{M}$ $2^{D} 2^{D}$ $2^{V} 2^{V} 0^{V} 10^{V}$
City BELLEVUE	State Zip Code WA 98015		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name DINO ROSSI		Category/ Type	
Office Sought: House Disb	ursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CON	IGRESSIONAL CAMPAIGN		Transaction ID: SB23.4250 Date of Disbursement
Mailing Address 1519 Washington Str Second Floor, Suite 2			$\begin{array}{c} \stackrel{\text{M}}{0}9 \stackrel{\text{M}}{} \end{array} \stackrel{\prime}{} \begin{array}{c} \stackrel{\text{D}}{1}1 \stackrel{\text{D}}{4} \end{array} \stackrel{\prime}{} \begin{array}{c} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{0}1 \stackrel{\text{Y}}{1} \stackrel{\text{Y}}{2} \end{array}$
City Laredo	State Zip Code TX 78042		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution			1000.00
Candidate Name HENRY R. CUELLAR		Category/ Type	
Office Sought: X House Disb Senate President State: TX District: 28	ursement For: 2010 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (option	nal)	►	3000.00
TOTAL This Period (last page this line number of	only)	►	

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_		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b								
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	NAME OF COMMITTEE (In Full) Physician Insurers Association of	America Political Action Commi	ttee (PIAAPAC)								
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4276								
Α.	THE RICHARD BURR 2010 VICT	ORY COMMITTEE		Date of Disbursement								
	Mailing Address PO Box 5456			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ P \end{array} \\ \end{array} \\ \end{array} \\ \end{array} $ \\ \begin{array}{c} P \\ P \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \\ \end{array} \\ \end{array} \\ \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \\ \\ \end{array} \\ \\ \end{array} \\ \\ \\ \\								
	City Winston-Salem	State Zip Code NC 27113	_	Amount of Each Disbursement this Period								
	Purpose of Disbursement Campaign Contribution			1000.00								
	Candidate Name RICHARD BURR		Category/ Type									
	Office Sought: House X Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼										
_	State: NC District: 00											
В.	Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMI	TTEE		Transaction ID: SB23.4286 Date of Disbursement								
	Mailing Address 2720 JORDAN	ROAD		0 9 ^M / 2 9 / Y 2 0 1 0 ^Y								
	City OREFIELD	State Zip Code PA 18069		Amount of Each Disbursement this Period								
	Purpose of Disbursement Campaign Contribution			1000.00								
	Candidate Name PATRICK JOSEPH TOOMEY		Category/ Type									
	Office Sought: House X Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼										
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SUBTOTAL of Disbursements This Page (optional)	<u>▶</u>	2000.00
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Α.		Full Name (Last, First, Middle Initial) Merrill Lynch									Date o	of Di	sburs	-	B29.4 nt		1 0 1 0	Y
		Mailing Address 1040 Stoney Hil Ste. 1050	I Road								08			18		2	010	
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