

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Physician Insurers Association of America Political Action Committee (PIAAPAC)

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

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 Electronically Filed by Mr. Mike Stinson Date 12 02 2010

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

Write or Type Committee Name
Physician Insurers Association of America Political Action Committee (PIAAPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		18734.94
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	29530.73									
(c) Total Receipts (from Line 19)	5300.66	16096.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34831.39	34831.39								
7. Total Disbursements (from Line 31)	25800.00	25800.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9031.39	9031.39								
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**

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)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5000.00	15795.00
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)	300.00	300.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.66	1.45
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 Transfer (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))	5300.66	16096.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5300.66	16096.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	25500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	300.00	300.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	25800.00	25800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25800.00	25800.00

DETAILED SUMMARY PAGE
of Disbursements

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) John O. Alexander	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10104 Swan Valley Lane	Transaction ID: SA11AI.4245
	City State Zip Code Austin TX 78759	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer TMLT Occupation Sr. VP, Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. Alan C. Baum	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 651 Bering Drive #2004	Transaction ID: SA11AI.4217
	City State Zip Code Houston TX 77057	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer TMLT Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Donald R. Butts	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 800 Peakwood Dr. Ste. 2-C	Transaction ID: SA11AI.4224
	City State Zip Code Houston TX 77090	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Self Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 24
	<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.	Full Name (Last, First, Middle Initial) Donald J. Chow		Date of Receipt
	Mailing Address 10104 Baxter Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Austin	TX	78736
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4239
Name of Employer TMLT		Occupation SVP, Sales & Marketing	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	PAC Contribution

B.	Full Name (Last, First, Middle Initial) Cristie Columbus		Date of Receipt
	Mailing Address 6226 Mimosa		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Dallas	TX	75230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4231
Name of Employer North Texas ID Associates		Occupation Physician	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Carrol Ray Demel		Date of Receipt
	Mailing Address 11115 Aldenburgh Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Austin	TX	78737
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4246
Name of Employer TMLT		Occupation Accountant	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	750.00
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: PAGE 8 / 24
(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)
John J. Devin

Mailing Address 10018 Wild Dunes Drive

City Austin State TX Zip Code 78747

FEC ID number of contributing federal political committee. C

Name of Employer TMLT Occupation AVP Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.4215

Amount of Each Receipt this Period 100.00

PAC Contribution

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

Mailing Address 116 St. Andrews Circle

City Hideaway State TX Zip Code 75771

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 09 / 30 / 2010

Transaction ID: SA11AI.4227

Amount of Each Receipt this Period 250.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Bobby R. Fields

Mailing Address 3852 Royal Troon Drive

City Round Rock State TX Zip Code 78664

FEC ID number of contributing federal political committee. C

Name of Employer TMLT Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.4205

Amount of Each Receipt this Period 300.00

PAC Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 24
(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)
Jane R. Holeman
Mailing Address 5704 Sunset Ridge
City Austin State TX Zip Code 78735
FEC ID number of contributing federal political committee. **C**
Name of Employer TMLT Occupation VP, Risk Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.4235
Amount of Each Receipt this Period 250.00
Dwain

B. Full Name (Last, First, Middle Initial)
David G. Joseph
Mailing Address 4208 Farhills Drive
City Austin State TX Zip Code 78731
FEC ID number of contributing federal political committee. **C**
Name of Employer Austin Diagnostic Clinic Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.4219
Amount of Each Receipt this Period 250.00
PAC Contribution

C. Full Name (Last, First, Middle Initial)
Vincent Kasch
Mailing Address 16912 Tidewater Cove
City Austin State TX Zip Code 78717
FEC ID number of contributing federal political committee. **C**
Name of Employer TMLT Occupation CPA/Accounting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.4203
Amount of Each Receipt this Period 100.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
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 / 24
	<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.	Full Name (Last, First, Middle Initial) Dana L. Leidig		Date of Receipt
	Mailing Address 500 Young Ranch Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Georgetown	TX	78628
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4241
Name of Employer TMLT		Occupation VP, Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) M. Dwain McDonald		Date of Receipt
	Mailing Address 3808 Branch Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Forth Worth	TX	76109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4233
Name of Employer Self		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Dwain

C.	Full Name (Last, First, Middle Initial) Stuart McDonald		Date of Receipt
	Mailing Address 1521 Cooper Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Fort Worth	TX	76104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4211
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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 11 / 24
	<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.	Full Name (Last, First, Middle Initial) Jill H. McLain		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 315 Eanes School Road		Transaction ID: SA11AI.4248
	City Austin	State TX	Zip Code 78746
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer TMLT	Occupation Insurance	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Sue Mills		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 10700 Scioto Ct.		Transaction ID: SA11AI.4213
	City Austin	State TX	Zip Code 78747
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer VP, Claims Operations	Occupation TMLT	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00	

C.	Full Name (Last, First, Middle Initial) Gail A. Nichols		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2010
	Mailing Address 9120 Hopeland Drive		Transaction ID: SA11AI.4237
	City Austin	State TX	Zip Code 78749
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer TMLT	Occupation VP, Human Resources	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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 12 / 24
	<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.	Full Name (Last, First, Middle Initial) H. B. Pantermuehl	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
	Mailing Address 150 Fischer Cove Drive	Transaction ID: SA11AI.4207
	City State Zip Code Wimberely TX 78676	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer TMLT Occupation VP, Underwriting Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

B.	Full Name (Last, First, Middle Initial) Robert I. Parks, Jr.	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
	Mailing Address 3454 Granada Ave	Transaction ID: SA11AI.4225
	City State Zip Code Dallas TX 75205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Pinnacle Anesthesia Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Treg V. Russell	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
	Mailing Address 3333 Azalea Blossom Dr.	Transaction ID: SA11AI.4243
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer TMLT Occupation Info. Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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:		PAGE 13 / 24	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) Jimmy Strong		Date of Receipt																					
	Mailing Address 433 Avenida De Leon		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		3	0		2	0	1	0														
	City	State	Zip Code		Transaction ID: SA11AI.4229																			
	Abilene	TX	79602																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer Prof. Assoc. of Pediatrics		Occupation physician		250.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		PAC Contribution																				
		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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 24	
	(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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Physician Insurers Association of America		Date of Receipt																					
	Mailing Address 2275 Research Blvd., Ste. 250		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	7		2	0	1	0														
	City State Zip Code Rockville MD 20850		Transaction ID: SA15.4335																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																					
Name of Employer Occupation		Reimbursement for Account Management Fees																						
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)	▶	300.00
TOTAL This Period (last page this line number only)	▶	300.00

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)

A.	Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS	Transaction ID: SB23.4252
	Mailing Address PO Box 1924	Date of Disbursement MM / DD / YYYY 09 / 15 / 2010
	City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name DAVID DANIEL BOREN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OK District: 02	

B.	Full Name (Last, First, Middle Initial) BUCK FOR COLORADO	Transaction ID: SB23.4280
	Mailing Address PO BOX 101465	Date of Disbursement MM / DD / YYYY 09 / 28 / 2010
	City DENVER State CO Zip Code 80250	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name KENNETH R BUCK	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 00	

C.	Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC	Transaction ID: SB23.4270
	Mailing Address 520 CAPITOL MALL SUITE 220	Date of Disbursement MM / DD / YYYY 09 / 23 / 2010
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name CARLY FIORINA	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 00	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

<p>A. Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name CHARLES W REP DENT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 15</p>	<p>Transaction ID: SB23.4282</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010</p> <p>Mailing Address POST OFFICE BOX 977</p> <p>City MUSKOGEE State OK Zip Code 74402</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name THOMAS A COBURN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 00</p>	<p>Transaction ID: SB23.4254</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS</p> <p>Mailing Address P.O. BOX 960821</p> <p>City RIVERDALE State GA Zip Code 30296</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name DAVID ALBERT SCOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 13</p>	<p>Transaction ID: SB23.4256</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

A.	Full Name (Last, First, Middle Initial) DR DONNA CAMPBELL FOR CONGRESS	Transaction ID: SB23.4294 Date of Disbursement
	Mailing Address PO BOX 156	<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City COLUMBUS State TX Zip Code 78934	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name DONNA DR. CAMPBELL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.4260 Date of Disbursement
	Mailing Address Post Office Box 9336	<input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name EARL R. POMEROY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE	Transaction ID: SB23.4274 Date of Disbursement
	Mailing Address PO BOX 233	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City NASHUA State NH Zip Code 03061	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name KELLY A AYOTTE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 18 / 24

<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)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: SB23.4266
	Mailing Address P.O. BOX 50100	Date of Disbursement 09 / 22 / 2010
	City SPRINGFIELD State MO Zip Code 65805	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution Candidate Name ROY BLUNT Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE	Transaction ID: SB23.4258
	Mailing Address PO BOX 33058	Date of Disbursement 09 / 16 / 2010
	City RENO State NV Zip Code 89533	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS	Transaction ID: SB23.4272
	Mailing Address PO Box 2408	Date of Disbursement 09 / 23 / 2010
	City Loveland State CO Zip Code 80539	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution Candidate Name CORY SCOTT REP. GARDNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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)

PAGE 19 / 24

<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)

A.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS Mailing Address PO Box U City Marietta State GA Zip Code 30060 Purpose of Disbursement Campaign Contribution Candidate Name J PHILLIP MD GINGREY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4299 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC Mailing Address PO BOX 1000 City DES MOINES State IA Zip Code 50304 Purpose of Disbursement Campaign Contribution Candidate Name CHARLES E SENATOR GRASSLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4290 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS Mailing Address 4590 Macarthur Boulevard Suite 500 City Newport Beach State CA Zip Code 92660 Purpose of Disbursement Campaign Contribution Candidate Name JOHN BT III CAMPBELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4296 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

PAGE 20 / 24

<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)

<p>A. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name MARK STEVEN KIRK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4264 Date of Disbursement: 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS</p> <p>Mailing Address P.O. BOX 521048</p> <p>City SALT LAKE CITY State UT Zip Code 84152</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name JAMES D MATHESON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4288 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name PAUL ANTHONY GOSAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4292 Date of Disbursement: 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**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)

A. PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement Campaign Contribution

Candidate Name ROB PORTMAN

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.4301

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

B. PRICE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement Campaign Contribution

Candidate Name THOMAS EDMUNDS PRICE

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.4278

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

C. ROBERT HURT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2

City Chatham State VA Zip Code 24531

Purpose of Disbursement Campaign Contribution

Candidate Name ROBERT HURT

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.4262

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)

A.	Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC	Transaction ID: SB23.4284 Date of Disbursement 09 / 29 / 2010
	Mailing Address 601 OREGON STREET SUITE A	Amount of Each Disbursement this Period 1000.00
	City OSHKOSH State WI Zip Code 54902	
	Purpose of Disbursement Campaign Contribution Candidate Name RONALD HAROLD JOHNSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 00	Category/Type
B.	Full Name (Last, First, Middle Initial) ROSSI FOR SENATE	Transaction ID: SB23.4268 Date of Disbursement 09 / 22 / 2010
	Mailing Address PO BOX 50713	Amount of Each Disbursement this Period 1000.00
	City BELLEVUE State WA Zip Code 98015	
	Purpose of Disbursement Campaign Contribution Candidate Name DINO ROSSI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 00	Category/Type
C.	Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN	Transaction ID: SB23.4250 Date of Disbursement 09 / 14 / 2010
	Mailing Address 1519 Washington Street Second Floor, Suite 200	Amount of Each Disbursement this Period 1000.00
	City Laredo State TX Zip Code 78042	
	Purpose of Disbursement Campaign Contribution Candidate Name HENRY R. CUELLAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 28	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)

PAGE 23 / 24

<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)

A. Full Name (Last, First, Middle Initial)
THE RICHARD BURR 2010 VICTORY COMMITTEE

Mailing Address PO Box 5456

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Campaign Contribution

Candidate Name
RICHARD BURR

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4276

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
Campaign Contribution

Candidate Name
PATRICK JOSEPH TOOMEY

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4286

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

25500.00

**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)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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)

A.

Full Name (Last, First, Middle Initial)

Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City State Zip Code
Yardley PA 19067

Purpose of Disbursement
Account Management fee to Merrill Lynch

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4341

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2010

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00