

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Medical Professional Liability Association Political Action Committee

ADDRESS (number and street) 2275 Research Boulevard Ste. 250 Rockville MD 20850-6213 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00319319 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2023 through 06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Atchinson, Brian, K., Mr., Type or Print Name of Treasurer

Signature of Treasurer Atchinson, Brian, K., Mr., [Electronically Filed] Date 07 / 11 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medical Professional Liability Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="19345.61"/>	<input type="text" value="19345.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19345.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12258.50"/>	<input type="text" value="12258.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="31604.11"/>	<input type="text" value="31604.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="418.50"/>	<input type="text" value="418.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31185.61"/>	<input type="text" value="31185.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Medical Professional Liability Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	12250.00	12250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12250.00	12250.00
(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)	12250.00	12250.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8.50	8.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12258.50	12258.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12258.50	12258.50

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	418.50	418.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	418.50	418.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. 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.....	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)) ..	418.50	418.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	418.50	418.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12250.00	12250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12250.00	12250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	418.50	418.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	418.50	418.50

**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 OF 22
<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

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

A. Atchinson, Brian, K., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9639 Ament Street

City Silver Spring	State MD	Zip Code 20910
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Medical Professional Liability Associa	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2023

Transaction ID : AE9AE6DBE5FE2415294A

Amount of Each Receipt this Period
450.00

Memo Item

B. Brodeur, Elizabeth, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
----------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) SVP & General Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2023

Transaction ID : AE79A0008E17945FCB5F

Amount of Each Receipt this Period
200.00

Memo Item

C. Conerly, James M, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Galleria Blvd
Ste 700

City Metairie	State LA	Zip Code 70001-7510
------------------	-------------	------------------------

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

Name of Employer (for Individual) LAMMICO	Occupation (for Individual) CEO/President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2023

Transaction ID : ABE827847BC88421BA7F

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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)
Medical Professional Liability Association Political Action Committee

A. Cook, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13109 Eastpoint Park Blvd
 City Louisville State KY Zip Code 40223-4164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARE Risk Retention Group Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2023
Transaction ID : AAF8E6D6115D44299ADB
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dickens, Stephen, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) Vice President, Medical Practice Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 05 / 15 / 2023
Transaction ID : A8DB7FB267FF0477CA07
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Dorn, Ronald, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Idaho St
 City Boise State ID Zip Code 83712-6267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Lukes Cancer Institute; MIEC Occupation (for Individual) Radiation Oncology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 11 / 2023
Transaction ID : A6DB66DEEA6F34CB78DD
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Medical Professional Liability Association Political Action Committee

A. Driscoll, Michael, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Financial Center
 675 Atlantic Avenue
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 09 / 2023**
Transaction ID : A51CCA8CAF40E4F38B37
 Amount of Each Receipt this Period **600.00**
 Memo Item

B. Edwards, Sherie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way
 Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 11 / 2023**
Transaction ID : AB8736F37FB3C4F93858
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. Firth, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 San Pablo Ct
 City Moraga State CA Zip Code 94556-2717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIEC Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100.00**

Date of Receipt **03 / 23 / 2023**
Transaction ID : A84D9C9FE5511420496F
 Amount of Each Receipt this Period **100.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<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)
Medical Professional Liability Association Political Action Committee

A. Francis, Hugh, , Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3779 S Galloway Dr
 City Memphis State TN Zip Code 38111-6813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 03 / 2023
Transaction ID : A12473AC10A3C4479AAF
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Haworth, Sherry, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual Insurance Company of Arizona Occupation (for Individual) SVP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2023
Transaction ID : A1E6CF1EA77134A9D97D
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Hood, Katrina, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 03 / 2023
Transaction ID : A86B70C04356B4F67AA9
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jones, Robert, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 W Parkway Pl
 City Ridgeland State MS Zip Code 39157-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Assurance Co. of MS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 16 / 2023**
Transaction ID : A859A0894D08A4F10937
 Amount of Each Receipt this Period 750.00
 Memo Item Contribution

B. Lebryk, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 09 / 2023**
Transaction ID : AD65C05BAFC5C4B9DA36
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Lytle, John, O., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 05 / 2023**
Transaction ID : A1576FB80E7214F19B06
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<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)
Medical Professional Liability Association Political Action Committee

A. Marley, Ed, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2602 E Thomas Rd

City Phoenix	State AZ	Zip Code 85016-8202
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual Insurance Company of Arizona	Occupation (for Individual) CEO/President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2023

Transaction ID : A7D44D26809594C3997C

Amount of Each Receipt this Period
300.00

Memo Item

B. Murphy, Joseph, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
----------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : A423ACF3D2BAD42E89D0

Amount of Each Receipt this Period
1000.00

Memo Item

C. Newlon, Heather, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 W Parkway PI

City Ridgeland	State MS	Zip Code 39157-6010
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Assurance Co. of MS	Occupation (for Individual) Dermatologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2023

Transaction ID : AB21A05111359485B945

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Nielsen, Matt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N Martingale Rd
 Ste 900
 City Schaumburg State IL Zip Code 60173-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 03 / 2023
Transaction ID : ABA132611B09747F19ED
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Perkins, Matthew, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way
 Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 05 / 2023
Transaction ID : A4BD8FD40988C4DEB8C2
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Ricciardelli, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way
 Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 16 / 2023
Transaction ID : A1BD307048A6D492C831
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Medical Professional Liability Association Political Action Committee

A. Scott, Kurt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 623 SW 10th Ave
 City Topeka State KS Zip Code 66612-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAMMCO Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 25 / 2023**
Transaction ID : A23528BFC4AA54B8998E
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Shrode, Charmy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) VP, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt **05 / 22 / 2023**
Transaction ID : A724D23B50677415282D
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Sneed, Jane, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5005 Maryland Way Ste 300
 City Brentwood State TN Zip Code 37027-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SVMIC/The Childrens Clinic Occupation (for Individual) Board Member/Pediatrician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 13 / 2023**
Transaction ID : A6440848A4167404EA2E
 Amount of Each Receipt this Period 300.00
 Memo Item

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 14 OF 22
	<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)
Medical Professional Liability Association Political Action Committee

A. Spina, Anthony, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N Martingale Rd
 Ste 900
 City Schaumburg State IL Zip Code 60173-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2023
Transaction ID : A1D929B64A5404786AD8
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. Swift, James, Q., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Cooper Cir
 City Minneapolis State MN Zip Code 55436-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) Chair of Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2023
Transaction ID : AC8E9C61B3C6A4D5289E
 Amount of Each Receipt this Period
 600.00
 Memo Item
 Contribution

C. Synovec, Mark, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 SW 10th Ave
 City Topeka State KS Zip Code 66604-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAMMCO Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2023
Transaction ID : A4ECE0F08AD6346DCA69
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22
	<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	<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)
Medical Professional Liability Association Political Action Committee

A. White, Frederick, Jeff, Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 Evangeline Pl
 City Shreveport State LA Zip Code 71106-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAMMICO Occupation (for Individual) Chairman of the Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 17 / 2023
Transaction ID : A31858DAC27594CAD83E
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Zajkowski, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 Congress St Apt 2
 City Portland State ME Zip Code 04102-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) Director, OMSNIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 05 / 2023
Transaction ID : AC72C68B9E5C04C4D974
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Zarlengo, Gerald, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2542 Taft Ct
 City Lakewood State CO Zip Code 80215-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COPIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 03 / 2023
Transaction ID : A888463F732974374979
 Amount of Each Receipt this Period 600.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 16 OF 22
(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"/> 14	<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)
Medical Professional Liability Association Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zorola, Jose, R., Mr.,

Mailing Address One Financial Center
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

Name of Employer (for Individual) Coverys Occupation (for Individual) Head of Diversity, Equity & Inclusion

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2023

Transaction ID : A01DDED3C7D6B4DC580F

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	12250.00

**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 17 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1.34

Date of Receipt

01 / 31 / 2023

Transaction ID : A90D1709224F44A2D869

Amount of Each Receipt this Period

1.34

Memo Item
Interest

B. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2.55

Date of Receipt

02 / 28 / 2023

Transaction ID : AE31C1908D07D4599B5B

Amount of Each Receipt this Period

1.21

Memo Item
Interest

C. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

3.91

Date of Receipt

03 / 31 / 2023

Transaction ID : AD73369CA39AF4A3EBDD

Amount of Each Receipt this Period

1.36

Memo Item
Interest

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5.31**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2023

Transaction ID : A3314FC20CA554BDBB48

Amount of Each Receipt this Period

1.40

Memo Item
Interest

B. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6.89**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2023

Transaction ID : AD969FE5BC8AE49249C3

Amount of Each Receipt this Period

1.58

Memo Item
Interest

C. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **8.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

Transaction ID : A3EBB3BCC9A83487BA41

Amount of Each Receipt this Period

1.61

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	4.59
TOTAL This Period (last page this line number only).....	8.50

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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 (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : B3D8C0F357

Amount of Each Disbursement this Period

[REDACTED] 27.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : BB7B29A16B

Amount of Each Disbursement this Period

[REDACTED] 58.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : B4A2647F60

Amount of Each Disbursement this Period

[REDACTED] 22.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 108.00

[REDACTED]

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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 (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : BCED030CE

Amount of Each Disbursement this Period

[REDACTED] 108.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : BD951A716A

Amount of Each Disbursement this Period

[REDACTED] 54.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : B6F1C31118

Amount of Each Disbursement this Period

[REDACTED] 90.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 252.00

[REDACTED]

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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 (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

FEC Identification Number

C [Redacted]

Transaction ID : B615F0694A

Amount of Each Disbursement this Period

[Redacted] 11.25

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	3

FEC Identification Number

C [Redacted]

Transaction ID : B6395973EBI

Amount of Each Disbursement this Period

[Redacted] 13.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	2	3

FEC Identification Number

C [Redacted]

Transaction ID : B6FFB5B0DI

Amount of Each Disbursement this Period

[Redacted] 6.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 31.50

[Redacted]

