PAGE 1 / 18

Image# 13960110478

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	-or Otner Than A	n Authorized Commi	ttee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
Physician Insurers Ass	sociation of Ame	erica Political Action	Committe	e (PIAAPA)	C)
					1 1 1 1 1 1 1 1 1
ADDRECC (2275 Research Blvd	l		1 1 1 1 1	
ADDRESS (number and street)	Ste. 250				
Check if different than previously reported. (ACC)	Rockville			MD	20850
2. FEC IDENTIFICATION NU	JMBER ▼	CITY▲		STATE A	ZIP CODE ▲
C C00319319		3. IS THIS REPORT	NEW (N) OR		INDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5)	Aug 20	Year Only)
(a) Quarterly Reports:	-		Jun 20 (M6)	Sep 20	(Non-Election Year Only)
April 15 Quarterly Report (C	01)	Apr 20 (M4)	Jul 20 (M7)	-	Jan 31 (YE)
July 15 Quarterly Report (C	(C) 12-Day	Primary (1	2P)	General (1	2G) Runoff (12R)
October 15	Report for	r the: Convention	n (12C)	Special (12	2S)
Quarterly Report (C) January 31 Year-End Report (Y)		Election on	/ D D /	Y . Y . Y . Y	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day	· ·	80G)	Runoff (30	R) Special (30S)
Termination Report (TER)	nepoit ioi	Election on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 07	M / D D / Y	2012 through	n 09	30	2012
I certify that I have examined th	is Report and to the	best of my knowledge an	d belief it is tru	e, correct and	complete.
Type or Print Name of Treasure	r Mr. Mike Stinson				
Signature of Treasurer Mr. M	Mike Stinson	[Electronic	ally Filed]	Pate 01	/ D D / Y Y Y Y Y Y 10 2013
NOTE: Submission of false, erron	eous, or incomplete inf	ormation may subject the p	erson signing th	nis 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

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

01 2012 09 30 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 19168.95 January 1, 2012 (b) Cash on Hand at 33846.29 Beginning of Reporting Period..... 16576.52 721.83 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 34568.12 35745.47 6(a) and 6(c) for Column B)..... 22303.34 23480.69 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 12264.78 12264.78 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
0.17.5	Total This Period	Calendar fear-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	420.00	14847.17
(i) hemized (dee echedale /)	7	
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	420.00	14847.17
_		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	4050.00
(such as PACs)	0.00	1250.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	420.00	16097.17
Totals to Line 33, page 5)	720.00	7
Party Committees	0.00	0.00
Faity Committees	0.00	0.00
. All Loans Received	0.00	0.00
- All Edulo Hossivou		
Lean Denouments Dessived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	300.00	469.85
Refunds of Contributions Made		7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts	7	
(Dividends, Interest, etc.)	1.83	9.50
. Transfers from Non-Federal and Levin Funds	7	7
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	721.83	16576.52
_		
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	721.83	16576.5

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	I. Disbursements COLUMN A Total This Period			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Ting I Gliou	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) N. 5 1 101	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating Expenditures	301.17	478.52		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	301.17	478.52		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	22000.00	23000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
F				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	2.17	2.17		
	200	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	2.17	0.47		
(add Lines 28(a), (b), and (c))▶	2.17	2.17		
Other Disbursements	0.00	0.00		
Other bisbursements	0.00			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	7	7 7		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	200		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22303.34	23480.69		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	22303.34	23480.69		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	420.00	16097.17
4. Total Contribution Refunds (from Line 28(d))	2.17	2.17
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	417.83	16095.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	301.17	478.52
7. Offsets to Operating Expenditures (from Line 15, page 3)	300.00	469.85
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1.17	8.67

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

	FOR LINE NUMBER:	1
Use separate schedule(s)	(check only one)	_
for each category of the		Π.
Detailed Summary Page	X 11a 11b	1

	FOR	LINE	NU	MBER	:	PAGE	6	OF	18
e(s)	(che	ck only	or	ne)					
ne ge	X	11c	12						
go		13		14		15	16	,	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions so solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Association	of America Political Action Comm	nittee (PIAAPAC)
Full Name (Last, First, Middle Initial) Ms. Ginny Echeverria Mailing Address 9728 Byeford Road		Date of Receipt
City	State Zip Code	09 10 2012
Kensington	MD 20895	Transaction ID : SA11AI.4658 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Contribution
PIAA	Director of Membership	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	
Full Name (Last, First, Middle Initial) Peidi Hong Mailing Address 402 Corden View Work		Date of Receipt
Mailing Address 402 Garden View Way		09 10 2012
City	State Zip Code	Transaction ID : SA11AI.4660
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Director of Accounting	Occupation	Contribuiton
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	
Full Name (Last, First, Middle Initial) C. Mrs. Jill K. Knerr		Date of Receipt
Mailing Address 13832 Dayton Meadows Co		09 10 2012
City Dayton	State Zip Code MD 21036	Transaction ID : SA11AI.4659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer	Occupation	Contribution
Director of Administration		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	
SUBTOTAL of Receipts This Page (optional)	>	90.00
TOTAL This Period (last page this line number	r only)	

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

	FOR LINE	NUMBER	:	PAGE		7	OF
Use separate schedule(s) for each category of the	(check only	′				40	
Detailed Summary Page	X 11a	11b		11c		12	г
	12	1//	1 1	15	l	16	

18

Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any peng the name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Associat	ion of America Political Action Comr	mittee (PIAAPAC)
Full Name (Last, First, Middle Initial) Mrs. P. Divya Parikh Mailing Address, 12708 Circle Prive		Date of Receipt
Mailing Address 12708 Circle Drive		09 10 2012
City	State Zip Code	Transaction ID : SA11AI.4657
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Contribution
PIAA	Director of Loss Prevention & Research	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 30.00	
Full Name (Last, First, Middle Initial)	30.00	
B. R Wallace Wallace		Date of Receipt
Mailing Address 820 Middle Road		09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charleston	State Zip Code WV 25314	Transaction ID : SA11AI.4661
Charleston	WV 25314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer West Virginia Mutual Ins. Co.	Occupation President/CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Amount of Laur Heceipt tills Fellou
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	330.00
TOTAL This Period (last page this line nur	mber only)	420.00

S 17

64	CHEDITE A /FFO Farras OV		<u> </u>	I				
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 18 (check only one)				
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12				
			Detailed Suffillary Fage	13 14 X 15 16 17				
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	atements mand a	ay not be sold or used by any penddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	Physician Insurers Association of	mittee (PIAAPAC)						
Α.	Full Name (Last, First, Middle Initial) Physician Insurers Association of Ame	erica		Date of Receipt				
	Mailing Address 2275 Research Blvd., Ste. 250	ı		09 24 2012				
	City State		Zip Code	Transaction ID : SA15.4772				
	Rockville	MD	20850	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		300.00				
				Reimbursement of account mgmt fees				
		Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		469.85					
	Other (specify) ▼		403.03					
	Full Name (Last, First, Middle Initial)							
В.		Date of Receipt						
	Mailing Address		M = M / D = D / Y = Y = Y					
	City State		Zip Code					
	City			Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C						
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General							
	Other (specify) ▼							
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City		Zip Code	4 . (5 ! 2 : ! !! 2 : !				
				Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		С						
	Name of Employer	Occupation						
	Receipt For:	Angregate	Year-to-Date ▼	_				
	Primary General	, iggi cgale	Total to Date ¥					
	Other (specify) ▼		7 7 7					
	SURTOTAL of Receipts This Page (optional)		_	300.00				

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

7 7

300.00

	30						
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 18 (check only one) 11a 11b 11c 12 13 14 15 16 X 17			
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Physician Insurers Association	name and a	ddress of any political committed				
A.	Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 1040 Stoney Hill Road Ste. 1050 City Yardley FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State PA C Occupation Aggregate	Zip Code 19067 Year-to-Date ▼	Date of Receipt 07 31 2012 Transaction ID: SA17.4692 Amount of Each Receipt this Period 1.34 Interest from Merrill Lynch			
В.	Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 1040 Stoney Hill Road Ste. 1050 City Yardley FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State PA C Occupation Aggregate	Zip Code 19067	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
c .	Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 1040 Stoney Hill Road Ste. 1050 City Yardley FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State PA C Occupation Aggregate	Zip Code 19067 Year-to-Date ▼	Date of Receipt 99 28 2012 Transaction ID: SA17.4696 Amount of Each Receipt this Period 0.23 Interest from Merrill Lynch			

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

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

1.83

1.83

17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	X 21b 27		23 24 25 26 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	a managed and pointed		30				
Physician Insurers Association of A	merica Political Acti	on Commi	ttee (PIAAI	PAC)			
Full Name (Last, First, Middle Initial)			Date of Disb	urcament			
A. Merrill Lynch			M M /	D D / Y Y Y Y			
Mailing Address 1040 Stoney Hill Road Ste. 1050			08	03 2012			
	State Zip Code PA 19067		Transaction	n ID : SB21B.4698			
Yardley Purpose of Disbursement	PA 19067						
Merrill Lynch for Operating Expenses			Amount of E	ach Disbursement this Period			
Candidate Name		Category/		300.00			
Office Sought: House Disbursem	nent For:	Туре					
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B.			Date of Disb	ursement			
AA-Troop Address			M = M /	D D / Y Y Y Y Y			
Mailing Address	Mailing Address						
City	State Zip Code						
Purpose of Disbursement							
Condidate Name			Amount of E	ach Disbursement this Period			
Candidate Name		Category/ Type					
Office Sought: House Disbursem	nent For:	1,700	,				
	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disb	ursement			
Mailing Address			M M /	D D / Y Y Y Y Y			
City	State Zip Code						
Purpose of Disbursement		· · · · ·					
Candidate Name			Amount of E	ach Disbursement this Period			
		Category/ Type					
Office Sought: House Disbursem				,			
	Primary General Other (specify) ▼						
State: District:	Curior (openity)						
'				200.00			
SUBTOTAL of Disbursements This Page (optional)		·····•		300.00			
TOTAL This Period (last page this line number only).				300.00			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 11 OF 18	
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)		
			Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b	
Λ.	ny information conicd from such Deposits and Chater	l nonto ma::	not be sold as				
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
\setminus	NAME OF COMMITTEE (In Full)						
$ \rangle$	Physician Insurers Association of A	merica	Political Act	ion Commi	ttee (PIAAPAC	C)	
_	Full Name (Last, First, Middle Initial)				B		
Α.	BERG FOR SENATE				Date of Disbursen		
	Mailing Address PO BOX 9394				09 11		
	City	State	Zip Code		Transaction ID	CD00 400E	
	FARGO	ND	58106		Transaction ID :	SB23.4605	
	Purpose of Disbursement Campaign contribution			011	Amount of Each D	Disbursement this Period	
	Candidate Name			Category/		1000.00	
	RICHARD A BERG Office Sought: House Disbursen	nent For:	2012	Туре	7	7	
	Senate	Primary	General				
	President	Other (spe					
	State: ND District: 00						
_	Full Name (Last, First, Middle Initial)						
В.	BOB GOODLATTE FOR CONGRE	ess co	OMMITTEE		Date of Disbursen		
	Mailing Address P.O. BOX 292				09 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City S ROANOKE	State VA	Zip Code 24002		Transaction ID :	SB23.4719	
	Purpose of Disbursement Contribution				Amount of Each D	Disbursement this Period	
	Candidate Name ROBERT W GOODLATTE			Category/ Type	7	1000.00	
	Office Sought: House Disbursen	nent For:					
		Primary	General				
		Other (spe	ecify) 🔻				
_	State: VA District: 06 Full Name (Last, First, Middle Initial)						
C.	,				Date of Disbursen	nent	
	CITIZENS FOR JOSH MANDEL			M M / D D			
	Mailing Address 50 WEST BROAD STREET SUITE 1900				09 11		
	•	State	Zip Code		Transaction ID :	SB23.4636	
	COLUMBUS Purpose of Disbursement	ОН	43215				
	Campaign Contribution			· · ·	Amount of Feet 5	Disbursement this Period	
	Candidate Name			Catagor:	Amount of Each L	vispursement this Period	
	JOSH MANDEL			Category/ Type		1000.00	
	Office Sought: House Disbursen	nent For:	2012				
		Primary	X General				
	President	Other (spe	ecify) 🔻				
_	State: OH District: 00						
٤	SUBTOTAL of Disbursements This Page (optional)			·················· >	7	3000.00	
1	OTAL This Period (last page this line number only)						
ι.	in the page and me named only)						

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 18		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Physician Insurers Association of A					
Full Name (Last, First, Middle Initial)					
A. DAVID SCOTT FOR CONGRESS Mailing Address P.O. BOX 960821			Date of Disbursement 07 23 2012		
	7. 0. 1				
City S RIVERDALE	State Zip Code GA 30296		Transaction ID : SB23.4689		
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period		
Candidate Name DAVID ALBERT SCOTT		Category/ Type	1000.00		
Senate	nent For: 2012 Primary				
Full Name (Last, First, Middle Initial) B. DEB FISCHER FOR US SENATE		Date of Disbursement			
Mailing Address 317 S 12TH			09 18 2012		
LINCOLN	State Zip Code NE 68508		Transaction ID : SB23.4677		
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period		
Candidate Name DEBRA S FISCHER		Category/ Type	1000.00		
Office Sought: House Disbursen Senate	nent For: 2012 Primary General Other (specify)	Турс			
Full Name (Last, First, Middle Initial) C. FRIENDS OF CONNIE MACK	Full Name (Last, First, Middle Initial)				
Mailing Address P.O. BOX 519			09 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
NAPLES	State Zip Code FL 34106		Transaction ID : SB23.4683		
Purpose of Disbursement Campaign Contribution Candidate Name			Amount of Each Disbursement this Period		
CONNIE MACK		Category/ Type	1000.00		
X Senate	nent For: 2012 Primary General Other (specify)				
SUBTOTAL of Disbursements This Page (optional)			3000.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PA	AGE 13 OF 18		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 X 23 24 28a 28b 28c	25 26 29 30b		
Any information posied from such Departs and Old	omente mou not be sold assure					
Any information copied from such Reports and Stat or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Physician Insurers Association of	America Political Ac	tion Commi	ttee (PIAAPAC)			
Full Name (Last, First, Middle Initial)			Data of Dialassassas			
A. FRIENDS OF JOHN BARRASSC	1		Date of Disbursement	W. W. W.		
Mailing Address PO BOX 52008			09 11	2012		
City	State Zip Code		Transaction ID : SB23.4	1633		
CASPER	WY 82605		Transaction id . 3623.4	1033		
Purpose of Disbursement Campaign Contribution			Amount of Each Disburse	ement this Period		
Candidate Name		Category/		1000.00		
JOHN A BARRASSO Office Sought: House Disburs	ement For: 2012	Type				
Senate President	Primary ☐ General Other (specify) ▼					
State: WY District: 00						
Full Name (Last, First, Middle Initial)						
B. FRIENDS OF NAN HAYWORTH	FRIENDS OF NAN HAYWORTH			Y		
Mailing Address P.O. BOX 188	ss P.O. BOX 188			09 11 2012		
CARMEL	State Zip Code NY 10512		Transaction ID : SB23.4	1624		
Purpose of Disbursement Campaign Contribution			Amount of Each Disburse	ement this Period		
Candidate Name		Category/		1000.00		
NAN HAYWORTH Office Sought:	ement For: 2012	Туре				
Senate Senate	Primary Seneral					
President	Other (specify) ▼					
State: NY District: 18						
Full Name (Last, First, Middle Initial)			Data of Dial			
c. GARDNER FOR CONGRESS 20	12		Date of Disbursement			
Mailing Address 9227 E. LINCOLN AVE., #200-23	Mailing Address 9227 E. LINCOLN AVE., #200-235			2012		
City	State Zip Code		Transaction ID : SB23.4	1621		
LONE TREE	CO 80124		1141154CUON ID : 5B23.4	+UZ I		
Purpose of Disbursement Campaign Contribution	Purpose of Disbursement Campaign Contribution					
Candidate Name		Amount of Each Disburse	ement this Period			
CORY GARDNER	Category/ Type	1	1000.00			
	ement For: 2012	. 7 -				
Senate	Primary General					
President	Other (specify) ▼					
State: CO District: 04						
SUBTOTAL of Disbursements This Page (optional)		·····•	7	3000.00		
TOTAL This Period (last page this line number on	y)					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 14 OF 18	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 X 23 24 28a 28b 28		
Any information copied from such Deports and Chales	nonto mov not be sald ==				
Any information copied from such Reports and Stater or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
Physician Insurers Association of A	America Political Ac	tion Commi	ttee (PIAAPAC)		
Full Name (Last, First, Middle Initial)			Data of Dishursansas		
A. HATCH ELECTION COMMITTEE	INC		Date of Disbursement	V V V	
Mailing Address PO BOX 900427			09 11	2012	
City	State Zip Code		Transaction ID : SB23	1627	
SANDY	UT 84090		Transaction ID . SB23	5.402 <i>1</i>	
Purpose of Disbursement Campaign Contribtuion			Amount of Each Disburs	sement this Period	
Candidate Name		Category/		1000.00	
ORRIN G HATCH Office Sought: House Disburser	nont For: 2042	Туре		1000.00	
Office Sought: House Disburser Senate	nent For: 2012 Primary X General				
President	Other (specify) ▼				
State: UT District: 00					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
B. HELLER FOR SENATE				-VVVV	
Mailing Address PO BOX 371907			09 13 2012		
City LAS VEGAS	State Zip Code NV 89137		Transaction ID : SB23	3.4674	
Purpose of Disbursement Campaign Contribution		· · · ·	Amount of Each Disburs	sement this Period	
Candidate Name		Category/		1000.00	
DEAN HELLER		Type		1000.00	
	nent For: 2012				
Senate President	Primary General				
State: NV District: 00	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. HOEKSTRA FOR SENATE			Date of Disbursement		
Mailing Address 400 MONDOF AVENUE NW SUIT	F 200		M M / D D /	2012	
Mailing Address 190 MONKOE AVENUE NW SUIT	Mailing Address 190 MONROE AVENUE NW SUITE 300				
City	State Zip Code		Transaction ID : SB23	3 4649	
GRAND RAPIDS	MI 49503		Transaction ID . GBZ		
Purpose of Disbursement Campaign Contribution		· · ·]	Amount of E. J. Diri	and the Day of the	
Candidate Name	Cotosass	Amount of Each Disburs	sement this Period		
PETER HOEKSTRA		Category/ Type		1000.00	
	nent For: 2012				
Senate	Primary Seneral				
President	Other (specify) ▼				
State: MI District: 02					
SUBTOTAL of Disbursements This Page (optional)				3000.00	
ODDITINE OF DISDUISEMENTS THIS Fage (OPHOHAI)					
TOTAL This Period (last page this line number only)		·····			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 18	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26	
		27	28a 28b 28c 29 30b	
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
	le and address of any politic	car committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Physician Insurers Association of A	marica Political Act	tion Commi	ttoo (DIAADAC)	
Physician Insurers Association of A	intenca Funda Aci		ilee (FIAAFAC)	
Full Name (Last, First, Middle Initial)				
A. HOOSIERS FOR RICHARD MOU!	RDOCK INC		Date of Disbursement	
Mailing Address DO DOV 4500	Mailing Address PO BOX 1583			
Mailing Address PO BOX 1583			09 18 2012	
City	State Zip Code		Transaction ID ODGG 4000	
INDIANAPOLIS	IN 46206		Transaction ID : SB23.4686	
Purpose of Disbursement Campaign Contribution			Amount of Fook Dishurasment this Deviced	
Candidate Name			Amount of Each Disbursement this Period	
RICHARD E MOURDOCK		Category/ Type	1000.00	
	nent For: 2012	71	, ,	
	Primary General			
President	Other (specify) ▼			
State: IN District: 00				
	Full Name (Last, First, Middle Initial)			
5. LINDA LINGLE SENATE COMMIT	LINDA LINGLE SENATE COMMITTEE			
Mailing Address C/O 46-001 KAMEHAMEHA HWY		09 11 2012		
SUITE 301				
City S KANEOHE	State Zip Code HI 96744		Transaction ID : SB23.4646	
Purpose of Disbursement	30744			
Campaign Contribution		1 : : 11	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
LINDA LINGLE Office Sought: House Disbursen	nent For: 2012	Туре	1000.00	
Senate	Primary X General			
President	Other (specify) ▼			
State: HI District: 00				
Full Name (Last, First, Middle Initial)				
C. MANCHIN FOR WEST VIRGINIA		Date of Disbursement		
Mailing Address PO BOX 5202		09 11 2012		
Mailing Address FO BOX 5202			03 11 2012	
City	State Zip Code		Transaction ID : SB23.4630	
CHARLESTON Purpose of Disbursement	WV 25361		Transaction 15 : 0520.4000	
Campaign Contribution			Amount of Fools Dishurraness this David	
Candidate Name		Category/	Amount of Each Disbursement this Period	
JOE III MANCHIN		Type	1000.00	
	nent For: 2012		, ,	
	Primary General			
State: WV District: 00	Other (specify) ▼			
State. VV V District. 00				
SUBTOTAL of Disbursements This Page (optional)			3000.00	
TOTAL This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	16 (OF 18
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check onl	y one)			7.65	
			Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	26 30b
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	Physician Insurers Association of A	merica	Political Act	ion Comm	ittee (P	IAAPAC)		
_	Full Name (Last, First, Middle Initial)								
Α.	MATHESON FOR CONGRESS				Date of	Disbursem			
	Mailing Address P O BOX 521048				09	11		2012	Y
	City	State	Zip Code		T		200 4050		
	SALT LAKE CITY	UT	84152		Irans	action ID : \$	SB23.4653		
	Purpose of Disbursement Campaign Contribution				Amount	of Each Di	sbursemer	nt this F	Period
	Candidate Name			Category/				1000	00
	JAMES D MATHESON Office Sought: House Disburser	oont Farr	2012	Туре		7	7	1000	.50
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	X General						
	State: UT District: 04								
_	Full Name (Last, First, Middle Initial)								
В.	MONTANANS FOR REHBERG				Date of	Disbursem			
	Mailing Address PO BOX 1597				09	18		2012	Y
	HELENA	State MT	Zip Code 59624		Trans	action ID :	SB23.4680	l	
	Purpose of Disbursement Campaign Contribution				Amount	of Each Di	sbursemer	nt this F	Period
	Candidate Name			Category/				4000	000
	DENNIS RAY REHBERG			Type			-,-	1000	0.00
		nent For:							
	Senate President	Primary Other (spe	General						
	State: MT District: 00	Other (spe	ecity) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	SCOTT BROWN FOR US SENATI	E COM	MITTEE INC	•	Date of	Disbursem	ent		
				M = M	/ D D	/ Y	YY	Υ	
	Mailing Address 337 SUMMER STREET				09	18	2	2012	
	City	State	Zip Code						
		MA	02210		Trans	action ID:	SB23.4664		
	Purpose of Disbursement								
	Campaign Contribution				Amount	of Each Di	sbursemer	nt this F	Period
	Candidate Name SCOTT P BROWN			Category/				1000	.00
		nent For:	2012	Туре		7	-		
	Senate President	Primary Other (spe	X General						
	State: MA District: 00	` .	- · · · ·						
s	UBTOTAL of Disbursements This Page (optional)			·····		,	-,	3000	.00
Т	OTAL This Period (last page this line number only)			·····•					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 17 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			(= <u>-</u>
Physician Insurers Association of A	America Political Ac	tion Commi	ittee (PIAAPAC)
Full Name (Last, First, Middle Initial)			B
A. TEXANS FOR HENRY CUELLAR C	ONGRESSIONAL CA	MPAIGN	Date of Disbursement
Mailing Address 1519 Washington Street			07 26 2012
Second Floor, Suite 200			
City Laredo	State Zip Code TX 78042		Transaction ID : SB23.4786
Purpose of Disbursement	70042		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
HENRY R. CUELLAR		Type	1000.00
	ment For: 2012		
Senate	Primary General		
State: TX District: 28	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. TEXANS FOR LAMAR SMITH			Date of Disbursement
- TEXANS FOR LAWAR SWITT	TEXANS FOR LAMAR SMITH		
Mailing Address PO BOX 6155			09 12 2012
City SAN ANTONIO	State Zip Code TX 78209		Transaction ID : SB23.4671
Purpose of Disbursement	70209		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
LAMAR SMITH		Type	1000.00
	ment For: 2012		
Senate President	Primary General		
State: TX District: 21	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. TOMMY THOMPSON FOR SENA	TE INC		Date of Disbursement
	12 1110		M M / D D / Y Y Y
Mailing Address PO BOX 620650	Mailing Address PO BOX 620650		
City	State Zip Code		
MIDDLETON	WI 53562		Transaction ID : SB23.4668
Purpose of Disbursement			
	Campaign Contribution		
Candidate Name		Category/	1000.00
TOMMY G THOMPSON Office Sought: House Disburse	ment For: 0040	Туре	1000.00
Senate	ment For: 2012 Primary		
President	Other (specify)		
State: WI District: 00	- \-\		
SUBTOTAL of Disbursements This Page (optional).			3000.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 18 OF 18			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30l			
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or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)			(DIAADAQ)			
Physician Insurers Association of A	America Political Act	tion Commi	ttee (PIAAPAC)			
Full Name (Last, First, Middle Initial)			Data of Dishumanana			
A. WILSON FOR SENATE			Date of Disbursement			
Mailing Address PO BOX 10248			09 11 2012			
,	State Zip Code		Transaction ID : SB23.4614			
ALBUQUERQUE Purpose of Disbursement	NM 87184		Transaction ib . Ob20.4014			
Campaign Contribtuion			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
WILSON FOR SENATE Office Sought: House Disburser	ment For: 2012	Type	1000.00			
Senate	Primary Seneral					
President	Other (specify) ▼					
State: NM District: 00						
Full Name (Last, First, Middle Initial) 3.	Full Name (Last, First, Middle Initial)					
			Date of Disbursement			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
Candidate Name			Amount of Each Disbursement this Period			
		Category/ Type				
Office Sought: House Disburser						
Senate President	Primary General Other (specify) ▼					
State: District:	Curer (opcomy)					
Full Name (Last, First, Middle Initial)						
C.		Date of Disbursement				
Mailing Address		M M / D D / Y Y Y Y				
City	State Zip Code					
Purpose of Disbursement						
·		Amount of Each Disbursement this Period				
Candidate Name		Category/				
Office Sought: House Disburser	ment For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			1000.00			
age (optional)						
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