

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

Physician Insurers Association of America Political Action Committee (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd. Ste. 250 Rockville MD 20850

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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), X October 15 Quarterly Report (Q3), January 31 Year-End 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 M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 01 2012 through 09 30 2012

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 Mr. Mike Stinson [Electronically Filed] Date 01 10 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

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="2012"/>		19168.95
(b) Cash on Hand at Beginning of Reporting Period.....	33846.29	
(c) Total Receipts (from Line 19)	721.83	16576.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34568.12	35745.47
7. Total Disbursements (from Line 31).....	22303.34	23480.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12264.78	12264.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	420.00	14847.17
(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 (such as PACs).....	0.00	1250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	420.00	16097.17
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	469.85
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.83	9.50
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))..... ▶	721.83	16576.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	721.83	16576.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	301.17	478.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	301.17	478.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	23000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	2.17	2.17
(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)).....	2.17	2.17
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	22303.34	23480.69
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	420.00	16097.17
34. Total Contribution Refunds (from Line 28(d))	2.17	2.17
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	417.83	16095.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	301.17	478.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	300.00	469.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1.17	8.67

**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 18
<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)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Ms. Ginny Echeverria
 Full Name (Last, First, Middle Initial)
 Mailing Address 9728 Byeford Road
 City Kensington State MD Zip Code 20895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PIAA Occupation Director of Membership
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 10 / 2012**
Transaction ID : SA11AI.4658
 Amount of Each Receipt this Period **25.00**
 Contribution

B. Peidi Hong
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Garden View Way
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Director of Accounting Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **30.00**

Date of Receipt **09 / 10 / 2012**
Transaction ID : SA11AI.4660
 Amount of Each Receipt this Period **30.00**
 Contribution

C. Mrs. Jill K. Knerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 13832 Dayton Meadows Court
 City Dayton State MD Zip Code 21036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Director of Administration Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **35.00**

Date of Receipt **09 / 10 / 2012**
Transaction ID : SA11AI.4659
 Amount of Each Receipt this Period **35.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 7 OF 18
(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. Mrs. P. Divya Parikh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12708 Circle Drive
 City State Zip Code
 Rockville MD 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PIAA Director of Loss Prevention & Research
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2012
Transaction ID : SA11AI.4657
 Amount of Each Receipt this Period
 30.00
 Contribution

B. R Wallace Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Middle Road
 City State Zip Code
 Charleston WV 25314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Virginia Mutual Ins. Co. President/CEO
 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
 09 / 27 / 2012
Transaction ID : SA11AI.4661
 Amount of Each Receipt this Period
 300.00
 Contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	420.00

**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 8 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

Full Name (Last, First, Middle Initial) A. Physician Insurers Association of America		Date of Receipt MM / DD / YYYY 09 / 24 / 2012
Mailing Address 2275 Research Blvd., Ste. 250		Transaction ID : SA15.4772
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer	Occupation	Reimbursement of account mgmt fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 469.85	

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	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 9 OF 18
<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

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

Full Name (Last, First, Middle Initial) A. Merrill Lynch		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : SA17.4692
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 1.34
City Yardley	State PA	Zip Code 19067
FEC ID number of contributing federal political committee. C	Interest from Merrill Lynch	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9.01	

Full Name (Last, First, Middle Initial) B. Merrill Lynch		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : SA17.4693
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.26
City Yardley	State PA	Zip Code 19067
FEC ID number of contributing federal political committee. C	Interest from Merrill Lynch	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9.27	

Full Name (Last, First, Middle Initial) C. Merrill Lynch		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA17.4696
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.23
City Yardley	State PA	Zip Code 19067
FEC ID number of contributing federal political committee. C	Interest from Merrill Lynch	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9.50	

SUBTOTAL of Receipts This Page (optional).....▶	1.83
TOTAL This Period (last page this line number only).....▶	1.83

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)

Grid for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial)

A. Merrill Lynch

Mailing Address 1040 Stoney Hill Road Ste. 1050

City Yardley State PA Zip Code 19067

Purpose of Disbursement Merrill Lynch for Operating Expenses

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date selection grid showing 08 / 03 / 2012

Transaction ID : SB21B.4698

Amount of Each Disbursement this Period

Amount selection grid showing 300.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date selection grid

Amount of Each Disbursement this Period

Amount selection grid

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date selection grid

Amount of Each Disbursement this Period

Amount selection grid

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal amount selection grid showing 300.00

Total amount selection grid showing 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)

Full Name (Last, First, Middle Initial)

A. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name

RICHARD A BERG

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : **SB23.4605**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 292

City ROANOKE State VA Zip Code 24002

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

ROBERT W GOODLATTE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : **SB23.4719**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR JOSH MANDEL

Mailing Address 50 WEST BROAD STREET SUITE 1900

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name

JOSH MANDEL

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : **SB23.4636**

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)

Full Name (Last, First, Middle Initial)

A. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement
Campaign Contribution

Candidate Name
DAVID ALBERT SCOTT

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2012

Transaction ID : SB23.4689

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEB FISCHER FOR US SENATE INC

Mailing Address 317 S 12TH

City LINCOLN State NE Zip Code 68508

Purpose of Disbursement
Campaign Contribution

Candidate Name
DEBRA S FISCHER

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SB23.4677

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CONNIE MACK

Mailing Address P.O. BOX 519

City NAPLES State FL Zip Code 34106

Purpose of Disbursement
Campaign Contribution

Candidate Name
CONNIE MACK

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SB23.4683

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE 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)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City State Zip Code
CASPER WY 82605

Purpose of Disbursement
Campaign Contribution

Candidate Name

JOHN A BARRASSO

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : SB23.4633

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF NAN HAYWORTH

Mailing Address P.O. BOX 188

City State Zip Code
CARMEL NY 10512

Purpose of Disbursement
Campaign Contribution

Candidate Name

NAN HAYWORTH

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : SB23.4624

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. GARDNER FOR CONGRESS 2012

Mailing Address 9227 E. LINCOLN AVE., #200-235

City State Zip Code
LONE TREE CO 80124

Purpose of Disbursement
Campaign Contribution

Candidate Name

CORY GARDNER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : SB23.4621

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**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)

Full Name (Last, First, Middle Initial)

A. HATCH ELECTION COMMITTEE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Mailing Address PO BOX 900427

Transaction ID : SB23.4627

City SANDY State UT Zip Code 84090

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribtuion

--

Candidate Name

ORRIN G HATCH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District: 00

Full Name (Last, First, Middle Initial)

B. HELLER FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2012

Mailing Address PO BOX 371907

Transaction ID : SB23.4674

City LAS VEGAS State NV Zip Code 89137

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

--

Candidate Name

DEAN HELLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 00

Full Name (Last, First, Middle Initial)

C. HOEKSTRA FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2012

Mailing Address 190 MONROE AVENUE NW SUITE 300

Transaction ID : SB23.4649

City GRAND RAPIDS State MI Zip Code 49503

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

--

Candidate Name

PETER HOEKSTRA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 02

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

3000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE 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)

Full Name (Last, First, Middle Initial)

A. HOOSIERS FOR RICHARD MOURDOCK INC

Mailing Address PO BOX 1583

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement
Campaign Contribution

Candidate Name

RICHARD E MOURDOCK

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2012

Transaction ID : SB23.4686

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LINDA LINGLE SENATE COMMITTEE

Mailing Address C/O 46-001 KAMEHAMEHA HWY
SUITE 301

City KANEOHE State HI Zip Code 96744

Purpose of Disbursement
Campaign Contribution

Candidate Name

LINDA LINGLE

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB23.4646

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement
Campaign Contribution

Candidate Name

JOE III MANCHIN

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB23.4630

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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)

Full Name (Last, First, Middle Initial)

A. MATHESON FOR CONGRESS

Date of Disbursement

Mailing Address P O BOX 521048

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

City	State	Zip Code
SALT LAKE CITY	UT	84152

Transaction ID : SB23.4653

Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

JAMES D MATHESON

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: UT	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. MONTANANS FOR REHBERG

Date of Disbursement

Mailing Address PO BOX 1597

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

City	State	Zip Code
HELENA	MT	59624

Transaction ID : SB23.4680

Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

DENNIS RAY REHBERG

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MT	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. SCOTT BROWN FOR US SENATE COMMITTEE INC

Date of Disbursement

Mailing Address 337 SUMMER STREET

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

City	State	Zip Code
BOSTON	MA	02210

Transaction ID : SB23.4664

Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

SCOTT P BROWN

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MA	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

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

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE 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)

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2012

Mailing Address 1519 Washington Street
Second Floor, Suite 200

Transaction ID : SB23.4786

City Laredo State TX Zip Code 78042

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign contribution

Category/ Type

Candidate Name

HENRY R. CUELLAR

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. TEXANS FOR LAMAR SMITH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2012

Mailing Address PO BOX 6155

Transaction ID : SB23.4671

City SAN ANTONIO State TX Zip Code 78209

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

Category/ Type

Candidate Name

LAMAR SMITH

Office Sought: House
 Senate
 President
State: TX District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. TOMMY THOMPSON FOR SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2012

Mailing Address PO BOX 620650

Transaction ID : SB23.4668

City MIDDLETON State WI Zip Code 53562

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

Category/ Type

Candidate Name

TOMMY G THOMPSON

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

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

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE 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)

Full Name (Last, First, Middle Initial)

A. WILSON FOR SENATE

Mailing Address PO BOX 10248

City ALBUQUERQUE State NM Zip Code 87184

Purpose of Disbursement
Campaign Contribtuion

Candidate Name
WILSON FOR SENATE

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NM District: 00

Date of Disbursement

/ /

09 / 11 / 2012

Transaction ID : SB23.4614

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

1000.00

22000.00