

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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 10 / 15 / 2020 through 11 / 23 / 2020

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 11 / 30 / 2020

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="2020"/> | | 28509.16 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 23036.77 | |
| (c) Total Receipts (from Line 19) | 153.84 | 26347.67 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 23190.61 | 54856.83 |
| 7. Total Disbursements (from Line 31)..... | 12006.75 | 43672.97 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 11183.86 | 11183.86 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Medical Professional Liability Association Political Action Committee

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)..... | 150.00 | 22005.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 150.00 | 22005.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 3500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 150.00 | 25505.00 |
| 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 | 651.37 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 3.84 | 191.30 |
| 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)).....▶ | 153.84 | 26347.67 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 153.84 | 26347.67 |

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 | 6.75 | 672.97 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 6.75 | 672.97 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12000.00 | 43000.00 |
| 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)) .. | 12006.75 | 43672.97 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12006.75 | 43672.97 |

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) | 150.00 | 25505.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 150.00 | 25505.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 6.75 | 672.97 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 651.37 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 6.75 | 21.60 |

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(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
Perkins, Matthew, L., Dr.,

Mailing Address **PO Box 1065**

| | | |
|--------------------------|--------------------|-------------------------------|
| City Brentwood | State TN | Zip Code 37024-1065 |
|--------------------------|--------------------|-------------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) SVMIC | Occupation (for Individual) Board of Directors |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
11 / 20 / 2020

Transaction ID : A7D6E28AAC4114AB980D

Amount of Each Receipt this Period
150.00

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

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | 150.00 |

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 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medical Professional Liability Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Capital One

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 ▼
191.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2020
Transaction ID : A4407C96A60DA474CABC

Amount of Each Receipt this Period
3.84

Memo Item
Interest

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

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3.84 |
| TOTAL This Period (last page this line number only).....▶ | 3.84 |

**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 |

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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 |
| 11 | | | 23 | | | 2020 | | | |

FEC Identification Number

C

Transaction ID : BF6385E1415

Amount of Each Disbursement this Period

6.75

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

6.75

6.75

**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"/> 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)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 16 | | 2020 |

Mailing Address PO BOX 604

FEC Identification Number

C C00435974

Transaction ID : BFA7F56AA6
Amount of Each Disbursement this Period

1000.00

Memo Item

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement Campaign contribution

Category/Type

Candidate Name

Harris, Andy, , Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: MD District: 01

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 22 | | 2020 |

Mailing Address PO BOX 80505

FEC Identification Number

C C00543983

Transaction ID : BBBC27C80A
Amount of Each Disbursement this Period

1000.00

Memo Item

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement Campaign contribution

Category/Type

Candidate Name

Cassidy, William, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: LA District:

Full Name (Last, First, Middle Initial)

C. CAPITO FOR WEST VIRGINIA

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 22 | | 2020 |

Mailing Address PO BOX 11519

FEC Identification Number

C C00539825

Transaction ID : B3641E6928
Amount of Each Disbursement this Period

1000.00

Memo Item

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement Campaign contribution

Category/Type

Candidate Name

Capito, Shelley, Moore, ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: WV District:

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"/> 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)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City
Oregon City

State
OR

Zip Code
97045-0308

Purpose of Disbursement
Campaign contribution

Candidate Name

Schrader, Kurt, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2020 | | | |

FEC Identification Number

C C00446906

Transaction ID : BA13A06D47

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MILLER-MEEKS FOR CONGRESS

Mailing Address PO BOX 33

City
Ottumwa

State
IA

Zip Code
52501-0033

Purpose of Disbursement
Campaign contribution

Candidate Name

Miller-Meeks, Mariannette, Jane, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2020 | | | |

FEC Identification Number

C C00558825

Transaction ID : B0D493B4A2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PERDUE FOR SENATE

Mailing Address PO BOX 12077

City
Atlanta

State
GA

Zip Code
30355-2077

Purpose of Disbursement
Campaign contribution

Candidate Name

Perdue, David, , Sen., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2020 | | | |

FEC Identification Number

C C00547570

Transaction ID : BA8482212B

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. SHERMAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST., STE. 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement
Campaign contribution

Candidate Name
Sherman, Brad, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2020

FEC Identification Number

C C00308742
Transaction ID : BDF8B3C285
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVE CHABOT FOR CONGRESS

Mailing Address 3030 HARRISON AVE.

City Cincinnati State OH Zip Code 45211-5758

Purpose of Disbursement
Campaign contribution

Candidate Name
Chabot, Steve, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: OH District: 01

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2020

FEC Identification Number

C C00301838
Transaction ID : BDCC272F95
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City Austin State TX Zip Code 78711-3026

Purpose of Disbursement
Campaign contribution

Candidate Name
Cornyn, John, , Sen., III

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼ Other

State: TX District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2020

FEC Identification Number

C C00369033
Transaction ID : BF484B72C6
Amount of Each Disbursement this Period
1000.00

Memo Item

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"/> 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)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City
Raleigh

State
NC

Zip Code
27624-7396

Purpose of Disbursement
Campaign contributions

Candidate Name

Tillis, Thom, R, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 15 | / | 2020 |

FEC Identification Number

C C00545772

Transaction ID : B5B96072C6:

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Mailing Address 512 MISSOURI AVE

City
CINCINNATI

State
OH

Zip Code
45226

Purpose of Disbursement
Campaign contribution

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: OH District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 22 | / | 2020 |

FEC Identification Number

C C00497818

Transaction ID : BF28A0FA56:

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
|-------|---|-------|---|-----------|

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

12000.00