

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 ▼ 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)
 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2020] through [09] / [30] / [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 [10] / [13] / [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)

Page 2

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"/>	<input type="text" value="28509.16"/>	<input type="text" value="28509.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36101.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16251.51"/>	<input type="text" value="26163.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52353.49"/>	<input type="text" value="54672.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26345.37"/>	<input type="text" value="28664.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26008.12"/>	<input type="text" value="26008.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medical Professional Liability Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

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).....	12375.00	21825.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12375.00	21825.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15875.00	25325.00
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).....	345.37	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.).....	31.14	187.46
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)).....▶	16251.51	26163.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16251.51	26163.83

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	345.37	664.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	345.37	664.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	28000.00
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)) ..	26345.37	28664.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26345.37	28664.87

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)	15875.00	25325.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15875.00	25325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	345.37	664.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	345.37	651.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	13.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Atchinson, Brian, K., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9639 Ament Street
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Professional Liability Associa Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 17 / 2020**
Transaction ID : A2EAF6D9E629742FD8DA
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

B. Bagley, Erin B., , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Financial Center 675 Atlantic Avenue
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 24 / 2020**
Transaction ID : A4172F6D920D0489DB8B
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Bell, Colin, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3833 Caruth Blvd
 City Dallas State TX Zip Code 75225-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) Oral surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 10 / 2020**
Transaction ID : AD79DA6149E6543E8B78
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Boguski, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 590009
 City Birmingham State AL Zip Code 35259-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ProAssurance Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2020
Transaction ID : AD9459936743C4B218A5
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Bournias, Nicholas, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43900 Garfield Rd Ste 103
 City Clinton Township State MI Zip Code 48038-1137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 13 / 2020
Transaction ID : ACE9CDFBD838641588A6
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Briceland, Daniel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 Beach St
 City San Francisco State CA Zip Code 94109-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMIC Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2020
Transaction ID : A8D554C576EEB4FA9844
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Carland, James, F., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICA Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2020
Transaction ID : AA7D68B74B29545F89B7
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Clayton, Sheilah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 S Hope St FI 8
 City Los Angeles State CA Zip Code 90071-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAP-MPT Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2020
Transaction ID : A97FDF3D19AAF41F5AC7
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Conerly, J. Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Galleria Blvd Ste 700
 City Metairie State LA Zip Code 70001-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAMMICO Occupation (for Individual) CEO/President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2020
Transaction ID : AD66471D6F7D94AB8A53
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
<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. Couch, Chad, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Bristol Regional Medical Center	Occupation (for Individual) Chief Medical Officer
---	---

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
07	/	10	/	2020

Transaction ID : A1303DAA71BBE41C1933

Amount of Each Receipt this Period

300.00

 Memo Item

B. Crockett, Eric, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **One Financial Center
675 Atlantic Avenue**

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

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) SVP, Information Technology
---	---

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
07	/	28	/	2020

Transaction ID : A163DE6873E354FF7A99

Amount of Each Receipt this Period

300.00

 Memo Item

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

Mailing Address **575 Market St**

City San Francisco	State CA	Zip Code 94105-2854
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NORCAL	Occupation (for Individual) 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
07	/	25	/	2020

Transaction ID : A993081A1EAB2443EA73

Amount of Each Receipt this Period

300.00

 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Edwards, Sherie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Occupation (for Individual) VP Corporate & Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 09 / 18 / 2020
Transaction ID : A823921404F0941FBB87
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Everett, Gloria, H., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Oak Rd
 City Walnut Creek State CA Zip Code 94597-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) The Mutual RRG Inc President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 23 / 2020
Transaction ID : A1289924345A0496EBAF
 Amount of Each Receipt this Period 300.00
 Memo Item

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

Date of Receipt 07 / 23 / 2020
Transaction ID : A8694B3DFC1CC4DA7A08
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Gabree, Mike, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Financial Center
 675 Atlantic Avenue
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) VP & Controller
 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
 07 / 24 / 2020
Transaction ID : AE87A200F58D84B6391E
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Hood, Katrina, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Bird watcher Occupation (for Individual) Physician
 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
 07 / 22 / 2020
Transaction ID : A2EBFB89027AC49F7B6F
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Huffman, Tamara, D., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Still Water Run
 City Poca State WV Zip Code 25159-8976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WV Mutual Insurance Company Occupation (for Individual) Executive Vice President & Chief Opera
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2020
Transaction ID : A410E12081D364C4A90D
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
<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. Jones, Robert, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 W Parkway Pl
 City Ridgeland State MS Zip Code 39157-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Assurance Co. of MS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 04 / 2020**
Transaction ID : AED825F8B3A9D441D866
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Lavoie, Frank, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Sunnyfield Ln
 City Cumberland Center State ME Zip Code 04021-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Mutual Insurance Co. of ME Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 28 / 2020**
Transaction ID : A23CA591A995D4542AAF
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Louge, Michael W., , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Financial Center 675 Atlantic Avenue
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) EVP & COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 24 / 2020**
Transaction ID : A9F13917A50794082A1C
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Malpiedi, Ronald, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2602 E Thomas Rd

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

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

Name of Employer (for Individual) Mutual Insurance Co. of AZ	Occupation (for Individual) Insurance Executive
---	--

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
07		22		2020

Transaction ID : AA111AE7826C54C98933

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2602 E Thomas Rd

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

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

Name of Employer (for Individual) Mutual Insurance Company of Arizona	Occupation (for Individual) CFO
--	------------------------------------

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
07		02		2020

Transaction ID : A1D18FED1B919403D90D

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 3100 West Rd
Ste 200

City East Lansing	State MI	Zip Code 48823-6389
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) VP, Workers Compensation
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2020

Transaction ID : A993AE636140141BEB3C

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
<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. Matza, Lynnette, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11605 Miracle Hills Dr
 Ste 200
 City Omaha State NE Zip Code 68154-4467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt **07 / 28 / 2020**
Transaction ID : A399668BC1F9F4191831
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McClain, Carolyn, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4043 Sunnyside Rd
 City Edina State MN Zip Code 55424-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Constellation/MMIC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt **09 / 09 / 2020**
Transaction ID : A8F535C39E10841DDBE1
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Nielsen, Matt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N Martingale Rd
 Ste 900
 City Schaumburg State IL Zip Code 60173-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) VP, Claims and UW
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt **09 / 13 / 2020**
Transaction ID : AE94875E1858F410F917
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
<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. Obrentz, Dana, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Financial Center
 675 Atlantic Avenue
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2020
Transaction ID : A0C1C6B5289BB4CC0AF0
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Padovese, Tim, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 Beach St
 City San Francisco State CA Zip Code 94109-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMIC Occupation (for Individual) 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
 07 / 27 / 2020
Transaction ID : A77B01A96E0CF40AAB23
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2020
Transaction ID : A0A33084EFC964A968AC
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Date of Receipt **07 / 14 / 2020**
Transaction ID : A62E9B9D24FB44ECE9BA
 Amount of Each Receipt this Period 600.00
 Memo Item Contribution

B. Starnes, W. Stancil, Stancil, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 590009
 City Birmingham State AL Zip Code 35259-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ProAssurance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **09 / 14 / 2020**
Transaction ID : A068D7ECAC4AB46B7839
 Amount of Each Receipt this Period 600.00
 Memo Item Contribution

C. Stinson, Michael, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3006 Bryan St
 City Alexandria State VA Zip Code 22302-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Professional Liability Associa Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **07 / 14 / 2020**
Transaction ID : A86964FC534AD437099C
 Amount of Each Receipt this Period 600.00
 Memo Item Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Stronczek, Michael, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10008 Dupont Circle Ct
 City Fort Wayne State IN Zip Code 46825-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSA Fort Wayne Occupation (for Individual) Oral surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2020
Transaction ID : AD885D7752F8E426ABD8
 Amount of Each Receipt this Period 300.00
 Memo Item

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

Date of Receipt 07 / 12 / 2020
Transaction ID : A0A61F694FAA643EE94B
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Zorola, Jose, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Financial Center 675 Atlantic Avenue
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) Chief Underwriting Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2020
Transaction ID : A2A426BCB7ED44396B3B
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	12375.00

**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 18 OF 33
<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

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
The Doctors Company Federal PAC (DOCPAC)

Mailing Address 185 Greenwood Road

City Napa	State CA	Zip Code 94558-6270
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00300376

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2020

Transaction ID : AD4C19E2A38084AB1A9E

Amount of Each Receipt this Period
3500.00

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

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

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00

**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 19 OF 33
<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

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. Medical Professional Liability Association

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

Mailing Address 2275 Research Blvd
Ste 250

City Rockville State MD Zip Code 20850-6213

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 ▼
651.37

Date of Receipt
MM / DD / YYYY
09 / 30 / 2020

Transaction ID : A77066556F4FA461F89D

Amount of Each Receipt this Period
345.37

Memo Item
Credit card fees refund

B.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	345.37
TOTAL This Period (last page this line number only).....▶	345.37

**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 20 OF 33
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

A. Capital One

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

Mailing Address 7933 Preston Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **166.39**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

Transaction ID : A8B880039607444A8AD1

Amount of Each Receipt this Period

10.07

Memo Item
Interest

B. Capital One

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

Mailing Address 7933 Preston Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **177.54**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

Transaction ID : A5FD51289D2094148969

Amount of Each Receipt this Period

11.15

Memo Item
Interest

C. Capital One

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

Mailing Address 7933 Preston Rd

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **187.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : A2F376C2BA4C84D9FA04

Amount of Each Receipt this Period

9.92

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	31.14
TOTAL This Period (last page this line number only).....	31.14

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B8841C25FA
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BA5C70E042I
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B942455AE2
Amount of Each Disbursement this Period

Memo Item

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

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : B2A6DB216F

Amount of Each Disbursement this Period

[REDACTED] 27.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : B019380475E

Amount of Each Disbursement this Period

[REDACTED] 108.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : BBF80433AE

Amount of Each Disbursement this Period

[REDACTED] 58.50

Memo Item

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

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

[REDACTED] 193.50

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B66E576BBA

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B874D946E22

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BB51B001BF

Amount of Each Disbursement this Period

Memo Item

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

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	0

FEC Identification Number

C []
Transaction ID : B9ED2D69AE
 Amount of Each Disbursement this Period
 [] 1.12

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : B9F7962FD3C
 Amount of Each Disbursement this Period
 [] 6.75

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)..... ▶

[]	7.87
[]	345.37

**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

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR U.S. SENATE, INC.

Date of Disbursement

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

Mailing Address 700 R ST
UNIT 83978

City Lincoln State NE Zip Code 68501-0349

FEC Identification Number

C C00547976

Transaction ID : BAA4B8D090

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign contribution

Category/Type

Candidate Name

Sasse, Ben, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NE District:

Memo Item

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	0

Mailing Address POST OFFICE BOX 582496

City Elk Grove State CA Zip Code 95758-0042

FEC Identification Number

C C00461061

Transaction ID : B5409C2002E

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign contribution

Category/Type

Candidate Name

Bera, Ami, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 07

Memo Item

Full Name (Last, First, Middle Initial)

C. BUCSHON FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	0

Mailing Address PO BOX 250

City Newburgh State IN Zip Code 47629-0250

FEC Identification Number

C C00468256

Transaction ID : BCCCE2E74I

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign contribution

Category/Type

Candidate Name

Bucshon, Larry, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IN District: 08

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

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City
Spokane

State
WA

Zip Code
99210-0137

Purpose of Disbursement
Campaign contribution

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	2	0		

FEC Identification Number

C C00390476

Transaction ID : B4E450DCFF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CINDY HYDE-SMITH FOR US SENATE

Mailing Address PO BOX 2930

City
JACKSON

State
MS

Zip Code
39207

Purpose of Disbursement
Campaign contribution

Candidate Name

Hyde-Smith, Cindy, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MS District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	2	0		

FEC Identification Number

C C00675348

Transaction ID : BC50C94CCC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
BANGOR

State
ME

Zip Code
04402

Purpose of Disbursement
Campaign contribution

Candidate Name

Collins, Susan, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

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

FEC Identification Number

C C00314575

Transaction ID : B065C4091A

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
BANGOR

State
ME

Zip Code
04402

Purpose of Disbursement
Campaign contribution

Candidate Name

Collins, Susan, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: ME

District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2020

FEC Identification Number

C C00314575

Transaction ID : BAA9742D0E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CORY GARDNER FOR SENATE

Mailing Address 9227 E. LINCOLN AVE., #200-234

City
Lone Tree

State
CO

Zip Code
80124-5504

Purpose of Disbursement
Campaign contribution

Candidate Name

Gardner, Cory, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: CO

District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2020

FEC Identification Number

C C00492454

Transaction ID : B66E26017E3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Kim Schrier for Congress

Mailing Address PO BOX 2728

City
Issaquah

State
WA

Zip Code
98027-0125

Purpose of Disbursement
Campaign contribution

Candidate Name

Schrier, Kim, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: WA

District: 08

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2020

FEC Identification Number

C C00652628

Transaction ID : BEBA8365E/

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

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 6116

City
La Quinta

State
CA

Zip Code
92248-6116

Purpose of Disbursement
Campaign contribution

Candidate Name

Ruiz, Raul, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2020

FEC Identification Number

C C00502575

Transaction ID : BFC70958AB

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address 22 W. PADONIA ROAD
SUITE C-141

City
Timonium

State
MD

Zip Code
21093-2238

Purpose of Disbursement
Campaign contribution

Candidate Name

Ruppersberger, Dutch, , Rep., III

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2020

FEC Identification Number

C C00376673

Transaction ID : B1946126ED4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MCCORMICK

Mailing Address 4410 LAUREL GROVE TRACE

City
SUWANEE

State
GA

Zip Code
30024

Purpose of Disbursement
Campaign contribution

Candidate Name

Mccormick, Richard, Dean, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2020

FEC Identification Number

C C00706747

Transaction ID : B7059AE580

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
Bowling Green

State
KY

Zip Code
42102-9639

Purpose of Disbursement
Campaign contribution

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2020

FEC Identification Number

C C00445023

Transaction ID : BCCA5EF1E
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City
Concord

State
NC

Zip Code
28027-1500

Purpose of Disbursement
Campaign contribution

Candidate Name

Hudson, Richard, , Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2020

FEC Identification Number

C C00504522

Transaction ID : B5F74129EDF
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Joni for Iowa

Mailing Address PO BOX 93441

City
Des Moines

State
IA

Zip Code
50393-3441

Purpose of Disbursement
Campaign contribution

Candidate Name

Ernst, Joni, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2020

FEC Identification Number

C C00546788

Transaction ID : B6F7C6EC25
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

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joni for Iowa

Mailing Address PO BOX 93441

City
Des Moines

State
IA

Zip Code
50393-3441

Purpose of Disbursement
Campaign contribution

Candidate Name

Ernst, Joni, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2020

FEC Identification Number

C C00546788

Transaction ID : BB520867D0:

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
Great Bend

State
KS

Zip Code
67530-1588

Purpose of Disbursement
Campaign contribution

Candidate Name

Marshall, Roger, W, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2020

FEC Identification Number

C C00576173

Transaction ID : B005C472A07

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
Great Bend

State
KS

Zip Code
67530-1588

Purpose of Disbursement
Campaign contribution

Candidate Name

Marshall, Roger, W, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2020

FEC Identification Number

C C00576173

Transaction ID : B4EADF1425

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

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LOU CORREA FOR CONGRESS

Mailing Address 3230 ARENA BLVD
STE 245-416

City SACRAMENTO State CA Zip Code 95834

Purpose of Disbursement
Campaign contribution

Candidate Name
Correa, Lou, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 46

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 23 / 2020

FEC Identification Number

C C00578302

Transaction ID : BEAC44CD3I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE 14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Campaign contribution

Candidate Name
McConnell, Mitch, , Sen.,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2020

FEC Identification Number

C C00193342

Transaction ID : B6E07293BEI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETERSON FOR CONGRESS

Mailing Address 26192 FLOYD LAKE POINT ROAD

City Detroit Lakes State MN Zip Code 56501-7607

Purpose of Disbursement
Campaign contribution

Candidate Name
Peterson, Collin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MN District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

FEC Identification Number

C C00253187

Transaction ID : B1D64CD9C

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROSENDALE VICTORY FUND 2020

Mailing Address 1390 CHAIN BRIDGE RD STE 515

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
Campaign contribution

Candidate Name

ROSENDALE VICTORY FUND 2020

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	0

FEC Identification Number

C C00749788

Transaction ID : BD4A95034C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHAHEEN FOR SENATE COMMITTEE

Mailing Address 2 1/2 BEACON STREET

City
CONCORD

State
NH

Zip Code
03301

Purpose of Disbursement
Campaign contribution

Candidate Name

Shaheen, Jeanne, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NH District:

Date of Disbursement

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

FEC Identification Number

C C00368506

Transaction ID : B4E7FD5696f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City
COLUMBUS

State
OH

Zip Code
43220-8113

Purpose of Disbursement
Campaign contribution

Candidate Name

Stivers, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	0

FEC Identification Number

C C00441352

Transaction ID : B4733621D3f

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

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

NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2020

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

FEC Identification Number

C C00369033

Transaction ID : B369E2E647
Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Campaign contribution

Candidate Name
Cornyn, John, , Sen., III

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

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2020

Mailing Address P.O. BOX 490

City Saint Joseph State MI Zip Code 49085-0490

FEC Identification Number

C C00200584

Transaction ID : BD8E86F340
Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Campaign contribution

Candidate Name
Upton, Fred, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MI District: 06

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Candidate Name

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

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

2000.00

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

26000.00