

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd Suite 250 Rockville MD 20850 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Mike Stinson

Signature of Treasurer Electronically Filed by Mr. Mike Stinson Date 01 27 2010

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2009"/>		10855.30
(b) Cash on Hand at Beginning of Reporting Period .....	10855.30	
(c) Total Receipts (from Line 19) .....	5404.91	5404.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16260.21	16260.21
7. Total Disbursements (from Line 31) .....	81.00	81.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16179.21	16179.21
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	5400.00	5400.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5400.00	5400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5400.00	5400.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4.91	4.91
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 Transfer (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)) .....	5404.91	5404.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5404.91	5404.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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.....	81.00	81.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	81.00	81.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81.00	81.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	5400.00	5400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5400.00	5400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Donald H. Alexander	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 2301 21st Avenue South	<b>Transaction ID:</b> SA11AI.4545
	City State Zip Code Nashville TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer Occupation TN Medical Association Association Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Cynthia J. Belcher	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 6316 Jasmine Drive	<b>Transaction ID:</b> SA11AI.4539
	City State Zip Code Huntington Beach CA 92648	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer Occupation CAP-MPT SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert P. Boren	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 1611 S. Martha Ct.	<b>Transaction ID:</b> SA11AI.4538
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer Occupation State Volunteer Mutual Ins. Co. EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

**A.** Full Name (Last, First, Middle Initial)  
Mr. M. Walt Davis

Mailing Address 143 E. Citation Lane

City State Zip Code  
**Tempe AZ 85284**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
 Mutual Ins. Co. of Arizona Insurance Executive

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt M M / D D / Y Y Y Y  
06 / 08 / 2009

**Transaction ID: SA11AI.4555**

Amount of Each Receipt this Period 150.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey M. Holden

Mailing Address 606 Forest Ave.

City State Zip Code  
**Glen Ellyn IL 60137**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
 ISMIE COO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 10 / 2009

**Transaction ID: SA11AI.4567**

Amount of Each Receipt this Period 500.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey M. Holden

Mailing Address 606 Forest Ave.

City State Zip Code  
**Glen Ellyn IL 60137**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
 ISMIE COO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 16 / 2009

**Transaction ID: SA11AI.4568**

Amount of Each Receipt this Period 100.00

PAC 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 8 / 16
	<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	

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Carl T. Hook		Date of Receipt
	Mailing Address 1916 Whispering Pines		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 29 / 2009
	City	State	Zip Code
	Norman	OK	73072
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4560
Name of Employer PLICO		Occupation MD/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			PAC Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. A. Peter Kezirian, Jr.		Date of Receipt
	Mailing Address 383 S. Hope Street, 8th Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 04 / 2009
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4554
Name of Employer CAP-MPT		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			PAC Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Kenneth Ludwig		Date of Receipt
	Mailing Address 6133 N. River Rd ste. 650		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 24 / 2009
	City	State	Zip Code
	Rosemont	IL	60018
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4546
Name of Employer OMSNIC		Occupation Insurance Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**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 / 16
	<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	

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William L. Medd		Date of Receipt	
	Mailing Address P.O. Box 126		M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4525
	Norway	ME	04268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Oxford Hills Internal Medicine		Occupation MD		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. William L. Medd		Date of Receipt	
	Mailing Address P.O. Box 126		M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4556
	Norway	ME	04268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		200.00	
Name of Employer Oxford Hills Internal Medicine		Occupation MD		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary L. Morse		Date of Receipt	
	Mailing Address 106 N. 73rd Street		M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4558
	Seattle	WA	98103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer Physicians Insurance A Mutual		Occupation Attorney		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 / 16
	<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	

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Gordon T. Ownby, Esq.		Date of Receipt
	Mailing Address 3715 Los Olivos Lane		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	La Crescente	CA	91214
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4542
Name of Employer Mutual Protection Trust		Occupation Lawyer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="100.00"/>	PAC Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mukesh T. Parekh		Date of Receipt
	Mailing Address 5722 Parkland Ave., #240		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oklahoma City	OK	73112
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4557
Name of Employer Self		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="100.00"/>	PAC Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew L. Sew Hoy		Date of Receipt
	Mailing Address 1414 South Grand Avenue, Ste. 300		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Los Angeles	CA	90015
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4541
Name of Employer Self		Occupation Orthopedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 16

(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

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NAME OF COMMITTEE (In Full)

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence E. Smarr

Mailing Address 14600 Poplar Hill Rock

City State Zip Code  
Germantown MD 20874

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

Name of Employer Occupation  
PIAA President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period

300.00

PAC Contribution

**B.**

Full Name (Last, First, Middle Initial)

James E. Smith

Mailing Address 268 Gillette Drive

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
State Volunteer Mutual In- Insurance Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.4550

Amount of Each Receipt this Period

150.00

PAC Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Stearns

Mailing Address 7331 Nolensville Rd

City State Zip Code  
Nolensville TN 37135

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

Name of Employer Occupation  
SVMIC VP, Medical Pract. Serv.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.4552

Amount of Each Receipt this Period

100.00

PAC Contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Ms Victoria J. Sterling  
 Mailing Address 1827 W. Berwyn  
 City Chicago State IL Zip Code 60640  
 Date of Receipt 04 / 29 / 2009  
**Transaction ID: SA11AI.4544**  
 Amount of Each Receipt this Period 100.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OMSNIC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Mike Stinson  
 Mailing Address 3006 Bryan St.  
 City Alexandria State VA Zip Code 22302  
 Date of Receipt 01 / 29 / 2009  
**Transaction ID: SA11AI.4527**  
 Amount of Each Receipt this Period 300.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PIAA Occupation Director of Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Paul Weber  
 Mailing Address 4386 26th Street  
 City San Francisco State CA Zip Code 94131  
 Date of Receipt 04 / 17 / 2009  
**Transaction ID: SA11AI.4536**  
 Amount of Each Receipt this Period 600.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OMIC Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**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:	PAGE 13 / 16
	(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

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

**A.**

Full Name (Last, First, Middle Initial) Mr. James L. Weidner		Date of Receipt MM / DD / YYYY 04 / 29 / 2009
Mailing Address 333 S. Hope Street, 8th FL		<b>Transaction ID:</b> SA11AI.4549
City Los Angeles	State CA	Zip Code 91105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CAP-MPT	Occupation CEO	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Steven C. Williams		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 645 Post Oak Circle		<b>Transaction ID:</b> SA11AI.4540
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer State Volunteer Mutual In- s. Co	Occupation Insurance Executive	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5400.00

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

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA17.4569</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="3.08"/>
		<input type="text" value="3.08"/>	Interest

<b>B.</b>	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA17.4570</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.34"/>
		<input type="text" value="3.42"/>	Interest

<b>C.</b>	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA17.4571</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.35"/>
		<input type="text" value="3.77"/>	Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

**A.** Full Name (Last, First, Middle Initial)  
Merrill Lynch  
Mailing Address 1040 Stoney Hill Road, Ste. 1050  
City Yardley State PA Zip Code 19067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4.11  
Date of Receipt: 04 / 30 / 2009  
Transaction ID: SA17.4575  
Amount of Each Receipt this Period: 0.34  
Interest

**B.** Full Name (Last, First, Middle Initial)  
Merrill Lynch  
Mailing Address 1040 Stoney Hill Road, Ste. 1050  
City Yardley State PA Zip Code 19067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4.44  
Date of Receipt: 05 / 29 / 2009  
Transaction ID: SA17.4576  
Amount of Each Receipt this Period: 0.33  
Interest

**C.** Full Name (Last, First, Middle Initial)  
Merrill Lynch  
Mailing Address 1040 Stoney Hill Road, Ste. 1050  
City Yardley State PA Zip Code 19067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4.91  
Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA17.4578  
Amount of Each Receipt this Period: 0.47  
Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1.14  
**TOTAL** This Period (last page this line number only) ..... ► 4.91

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

**A.**

Full Name (Last, First, Middle Initial)

Comptroller of Maryland

Mailing Address Revenue Administration Division

City Annapolis State MD Zip Code 21411-0001

Purpose of Disbursement

State Tax Payment

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB29.4581

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2009

Amount of Each Disbursement this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement

Federal Tax Payment

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB29.4580

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2009

Amount of Each Disbursement this Period

57.00

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

81.00

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

81.00