

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 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	16179.21	
(c) Total Receipts (from Line 19)	3855.73	9260.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20034.94	20115.94
7. Total Disbursements (from Line 31)	1300.00	1381.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18734.94	18734.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3850.00	9250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3850.00	9250.00
(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)	3850.00	9250.00
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.)	5.73	10.64
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))	3855.73	9260.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3855.73	9260.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	300.00	300.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	300.00	300.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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.....	0.00	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))..	1300.00	1381.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1300.00	1381.00

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)	3850.00	9250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3850.00	9250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	300.00	300.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	300.00	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Victor T. Adamo	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 1573 Woodbridge Place	Transaction ID: SA11AI.4563
	City State Zip Code Vestavia Hills AL 35216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer ProAssurance Corp. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John O. Alexander	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 10104 Swan Valley Lane	Transaction ID: SA11AI.4564
	City State Zip Code Austin TX 78759	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer TMLT Occupation Sr. VP, Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) William E. Burgess	Date of Receipt MM / DD / YYYY 07 / 23 / 2009
	Mailing Address 713 Kersey Road	Transaction ID: SA11AI.4587
	City State Zip Code Silver Spring MD 20902	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer PIAA Occupation VP, Associate Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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 7 / 12
	<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 F. Carland, III		Date of Receipt
	Mailing Address 2602 E. Thomas Run		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85016
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MICA		Occupation Executive	Transaction ID: SA11AI.4583
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="750.00"/>
PAC Contribution			

B.	Full Name (Last, First, Middle Initial) Chad Couch		Date of Receipt
	Mailing Address 108 Henry Anna Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bristol	TN	37620
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SVMIC		Occupation Director	Transaction ID: SA11AI.4596
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
PAC Contribution			

C.	Full Name (Last, First, Middle Initial) Bobby R. Fields		Date of Receipt
	Mailing Address 3852 Royal Troon Drive		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Round Rock	TX	78664-6227
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TMLT		Occupation CEO	Transaction ID: SA11AI.4565
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
PAC Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1350.00"/>
TOTAL 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 8 / 12
(check only one)

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

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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)
William J. Gallagher

Mailing Address 3254 Tranquility Court, SE

City State Zip Code
Salem OR 97317

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

Name of Employer Occupation
The Doctor's Company Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.4593

Amount of Each Receipt this Period
150.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Mrs. Jill K. Knerr

Mailing Address 13832 Dayton Meadows Court

City State Zip Code
Dayton MD 21036

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

Name of Employer Occupation
PIAA Director of Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.4588

Amount of Each Receipt this Period
50.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Ms Cindy Lesonsky

Mailing Address 333 Hope Street, 8th FL

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation
CAP Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.4584

Amount of Each Receipt this Period
300.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 9 / 12
(check only one)

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

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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)
Jeff Lisenby

Mailing Address 100 Brookwood Place

City Birmingham State AL Zip Code 35209

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

Name of Employer ProAssurance Occupation Senior VP/General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 07 / 31 / 2009
Transaction ID: SA11AI.4591
 Amount of Each Receipt this Period 150.00
 PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Frank O'Neil

Mailing Address 2704 Stonehaven Place

City Birmingham State AL Zip Code 35242

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

Name of Employer ProAssurance Occupation SVP-Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 08 / 2009
Transaction ID: SA11AI.4594
 Amount of Each Receipt this Period 100.00
 PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Mrs. P. Divya Parikh

Mailing Address 210 Watkins Pond Blvd.

City Rockville State MD Zip Code 20850

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

Name of Employer PIAA Occupation Director of Loss Prevention & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.4586
 Amount of Each Receipt this Period 50.00
 PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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 10 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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) W. Stancil Starnes		Date of Receipt
	Mailing Address 3015 Caterbury Lane		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Birmingham	AL	35223
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ProAssurance		Occupation CEO	Transaction ID: SA11AI.4589
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="600.00"/>
		<input type="text" value="600.00"/>	PAC Contribution

B.	Full Name (Last, First, Middle Initial) Mr. J. Michael Wormley		Date of Receipt
	Mailing Address 210 S. Grand Ave., #214		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Glendora	CA	91741
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: SA11AI.4585
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="text" value="200.00"/>	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3850.00"/>

**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)

PAGE 11 / 12

<input checked="" 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 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)

Merrill Lynch

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City State Zip Code
Yardley PA 19067

Purpose of Disbursement
Annual Account Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4611

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.

Full Name (Last, First, Middle Initial)

CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
PAC Contribution

Candidate Name
BART GORDON

Office Sought: House
 Senate
 President

State: TN District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.4599

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00