



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Medical Professional Liability Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		27393.34
(b) Cash on Hand at Beginning of Reporting Period.....	43732.83	
(c) Total Receipts (from Line 19) .....	3793.05	20598.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47525.88	47991.63
7. Total Disbursements (from Line 31).....	29123.75	29589.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18402.13	18402.13
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

**Medical Professional Liability Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3750.00	17050.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3750.00	17050.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3750.00	20550.00
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).....	39.14	39.14
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.91	9.15
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)).....▶	3793.05	20598.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3793.05	20598.29

**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 .....	123.75	589.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	123.75	589.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	29000.00
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)) ..	29123.75	29589.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29123.75	29589.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3750.00	20550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3750.00	20550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	123.75	589.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	39.14	39.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	84.61	550.36

**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 21
<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. 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 09 / 08 / 2022  
**Transaction ID : A7AF86BFFC73B4DE788D**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Campuzano, Katie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 919 12th PI Ste 1  
 City Prescott State AZ Zip Code 86305-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MICA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : A8F08C2CF3CFE4024AE4**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Knapp, Cassie, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17525 Charity Ln  
 City Germantown State MD Zip Code 20874-2967  
 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 ▼ 150.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : AD65CD2B19DC34DFC939**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 7 OF 21
	<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Robertson, Peter, T., 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 Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : AC20549F0100842669C9**

Amount of Each Receipt this Period 500.00

Memo Item

**B. 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 09 / 27 / 2022  
**Transaction ID : AF6F260B477B147EAAAB**

Amount of Each Receipt this Period 600.00

Memo Item  
Contribution

**C. Stroncsek, 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 ▼ 600.00

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A6453AAB5AD384C82853**

Amount of Each Receipt this Period 600.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00

**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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Trentacosti, Cynthia, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Greenwood Rd  
 City Kennett Sq State PA Zip Code 19348-2537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) Oral and Maxillofacial Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 24 / 2022  
**Transaction ID : AED14D00B014040DDB27**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Zajkowski, Mark, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 Congress St Apt 2  
 City Portland State ME Zip Code 04102-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) Director, OMSNIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 23 / 2022  
**Transaction ID : A23676835BB154497ACA**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	3750.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Department of the Treasury**

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

Mailing Address Internal Revenue Service Center

City Ogden	State UT	Zip Code 84201-0001
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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 ▼ **39.14**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	27	/	2022

**Transaction ID : A1CC6E04FFCAE4542A6D**

Amount of Each Receipt this Period  

39.14
-------

Memo Item  
Tax 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  

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

Amount of Each Receipt this Period  

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Memo Item

**C.**

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

Mailing Address

City	State	Zip Code
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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
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Amount of Each Receipt this Period  

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Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>39.14</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>39.14</b>

**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 21
<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)  
**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
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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 ▼ **6.55**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2022

**Transaction ID : ADDC4F5FD7D614946AF7**

Amount of Each Receipt this Period  

1.31
------

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
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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 ▼ **7.86**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2022

**Transaction ID : A08BC962C67D2459C82F**

Amount of Each Receipt this Period  

1.31
------

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
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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 ▼ **9.15**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : A47DA23A78A1F43AEA23**

Amount of Each Receipt this Period  

1.29
------

Memo Item  
Interest

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3.91</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3.91</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : B831DB5F70:

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 fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : BFB7E9B66D

Amount of Each Disbursement this Period

[REDACTED] 54.00

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:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : BB019A2593

Amount of Each Disbursement this Period

[REDACTED] 22.50

Memo Item

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

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

[REDACTED] 103.50

[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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2022

FEC Identification Number

C

**Transaction ID : BA2E5D4B44**

Amount of Each Disbursement this Period

13.50

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

MM / DD / YYYY  
09 / 29 / 2022

FEC Identification Number

C

**Transaction ID : BB07F588FC**

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

MM / DD / YYYY

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)..... ▶

20.25

123.75

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ANDY HARRIS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

Mailing Address PO BOX 604

FEC Identification Number

C	C00435974
---	-----------

**Transaction ID : B393ACFA63**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City BEL AIR	State MD	Zip Code 21014
-----------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Harris, Andy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

Mailing Address POST OFFICE BOX 582496

FEC Identification Number

C	C00461061
---	-----------

**Transaction ID : BBC82DF89C**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Elk Grove	State CA	Zip Code 95758-0042
-------------------	-------------	------------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Bera, Ami, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Full Name (Last, First, Middle Initial)

**C. BOOZMAN FOR ARKANSAS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2022

Mailing Address PO BOX 671

FEC Identification Number

C	C00476317
---	-----------

**Transaction ID : B20F77BC1F**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City ROGERS	State AR	Zip Code 72757
----------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Boozman, John, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: AR District:

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address PO BOX 250

City  
Newburgh

State  
IN

Zip Code  
47629-0250

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Bucshon, Larry, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2022

FEC Identification Number

**C** C00468256

**Transaction ID : BE5045F60B**  
Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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: 2022  
 Primary  General  
 Other (specify)

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2022

FEC Identification Number

**C** C00390476

**Transaction ID : BA91B1EFF7**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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: 2022  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2022

FEC Identification Number

**C** C00390476

**Transaction ID : B392D22D46**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 960821

City  
Riverdale

State  
GA

Zip Code  
30296-0821

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Scott, David, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2022

FEC Identification Number

**C** C00369801

**Transaction ID : BDFD783A08**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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: 2022  
 Primary  General  
 Other (specify)

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2022

FEC Identification Number

**C** C00652628

**Transaction ID : B1F9073C788**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2022

FEC Identification Number

**C** C00502575

**Transaction ID : BCB78DC3A**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

4000.00

**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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

Mailing Address 22 W. PADONIA ROAD  
SUITE C-141

City Timonium State MD Zip Code 21093-2238

Purpose of Disbursement  
Campaign contribution

FEC Identification Number

**C** C00376673

**Transaction ID : BF0A5407F8**

Amount of Each Disbursement this Period

1000.00

Candidate Name

**Ruppersberger, Dutch, , Rep., III**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MD District: 02

Memo Item

Full Name (Last, First, Middle Initial)

**B. FAMILIES FOR JAMES LANKFORD**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2022

Mailing Address PO BOX 1639

City Bethany State OK Zip Code 73008-1639

Purpose of Disbursement  
Campaign contribution

FEC Identification Number

**C** C00466482

**Transaction ID : B28C1E15B7**

Amount of Each Disbursement this Period

1000.00

Candidate Name

**Lankford, James, , Sen.,**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OK District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN THUNE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Campaign contribution

FEC Identification Number

**C** C00409581

**Transaction ID : BEEFA3F512**

Amount of Each Disbursement this Period

1000.00

Candidate Name

**Thune, John, , Sen.,**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: SD District:

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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  
State: GA District: 06

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2022

FEC Identification Number

**C** C00706747

**Transaction ID : B3D14025A8**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City  
DES MOINES

State  
IA

Zip Code  
50304

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Grassley, Chuck, , Sen.,**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2022

FEC Identification Number

**C** C00230482

**Transaction ID : BD2A335EA2**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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  
State: KY District: 02

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2022

FEC Identification Number

**C** C00445023

**Transaction ID : B744459910C**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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  
State: NC District: 09

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 28 / 2022

FEC Identification Number

**C** C00504522

**Transaction ID : B3583C95E6'**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Joe O'Dea for Senate**

Mailing Address 4950 South Yosemite Street  
Suite F2-225

City  
Greenwood Village

State  
CO

Zip Code  
80111-1350

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Joe O'Dea for Senate**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 27 / 2022

FEC Identification Number

**C** C00791186

**Transaction ID : B7E235BEB3'**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City  
ANCHORAGE

State  
AK

Zip Code  
99510

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Murkowski, Lisa, , Sen.,**

Office Sought:  House  
 Senate  
 President  
State: AK District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 27 / 2022

FEC Identification Number

**C** C00384529

**Transaction ID : BC84ADE54;**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARCO RUBIO FOR US SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2022

Mailing Address PO BOX 140420

FEC Identification Number

**C** C00458844

**Transaction ID : B662F2B308/**

Amount of Each Disbursement this Period

2000.00

Memo Item

City  
Miami

State  
FL

Zip Code  
33114-0420

Purpose of Disbursement  
Campaign contribution

Category/Type

Candidate Name

**Rubio, Marco, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: FL District:

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2022

Mailing Address PO BOX 2334

FEC Identification Number

**C** C00372532

**Transaction ID : BB5194E92CI**

Amount of Each Disbursement this Period

1000.00

Memo Item

City  
Denton

State  
TX

Zip Code  
76202-2334

Purpose of Disbursement  
Campaign contribution

Category/Type

Candidate Name

**Burgess, Michael, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Full Name (Last, First, Middle Initial)

**C. MILLER-MEEKS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

Mailing Address PO BOX 33

FEC Identification Number

**C** C00558825

**Transaction ID : B3EB188FCI**

Amount of Each Disbursement this Period

1000.00

Memo Item

City  
Ottumwa

State  
IA

Zip Code  
52501-0033

Purpose of Disbursement  
Campaign contribution

Category/Type

Candidate Name

**Miller-Meeks, Mariannette, Jane, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MORAN FOR KANSAS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	2

Mailing Address PO BOX 1151

City  
HAYS

State  
KS

Zip Code  
67601

FEC Identification Number

**C** C00458315

**Transaction ID : B1DC8ECD9C**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Campaign contribution

Category/Type

Candidate Name

**Moran, Jerry, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: KS District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. SHERMAN FOR CONGRESS**

Date of Disbursement

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

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

City  
Los Angeles

State  
CA

Zip Code  
90017-5864

FEC Identification Number

**C** C00308742

**Transaction ID : B0B5EB68AD**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Campaign contribution

Category/Type

Candidate Name

**Sherman, Brad, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 32

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Date of Disbursement

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

Mailing Address 1405 ASHLEY RIVER ROAD

City  
CHARLESTON

State  
SC

Zip Code  
29407

FEC Identification Number

**C** C00540302

**Transaction ID : BD68D79BA!**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Campaign contribution

Category/Type

Candidate Name

**Scott, Tim, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: SC District:

Memo Item

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. WENSTRUP FOR CONGRESS

Mailing Address 512 MISSOURI AVE

City  
CINCINNATI

State  
OH

Zip Code  
45226

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Wenstrup, Brad, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2022

FEC Identification Number

**C** C00497818

**Transaction ID : BE592177F4E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

29000.00