

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Medical Professional Liability Association Political Action Committee

ADDRESS (number and street) 2275 Research Boulevard Ste. 250 Rockville MD 20850-6213 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00319319 CITY STATE ZIP CODE 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 (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Atchinson, Brian, K., Mr., Type or Print Name of Treasurer

Signature of Treasurer Atchinson, Brian, K., Mr., [Electronically Filed] Date 07 / 16 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medical Professional Liability Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="8367.21"/>	<input type="text" value="8367.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8367.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18615.99"/>	<input type="text" value="18615.99"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="26983.20"/>	<input type="text" value="26983.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2171.50"/>	<input type="text" value="2171.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24811.70"/>	<input type="text" value="24811.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medical Professional Liability Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2019 To: M M / D D / Y Y Y Y 06 / 30 / 2019

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).....	18000.00	18000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18000.00	18000.00
(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)	18000.00	18000.00
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).....	558.00	558.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	57.99	57.99
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)).....▶	18615.99	18615.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18615.99	18615.99

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	571.50	571.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	571.50	571.50
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 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	600.00	600.00
(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)).....	600.00	600.00
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)) ..	2171.50	2171.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2171.50	2171.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18000.00	18000.00
34. Total Contribution Refunds (from Line 28(d))	600.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17400.00	17400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	571.50	571.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	558.00	558.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13.50	13.50

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
<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. Adamo, Victor, T., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Woodridge Pl

City Vestavia Hills	State AL	Zip Code 35216-1657
------------------------	-------------	------------------------

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

Name of Employer (for Individual) The Mutual	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2019

Transaction ID : AC947912BD80B40799BA

Amount of Each Receipt this Period
350.00

Memo Item

B. Belcher, Cynthia, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 S Hope St

City Los Angeles	State CA	Zip Code 90071-1406
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Cooperative of American Physicians, In	Occupation (for Individual) COO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2019

Transaction ID : AE67246BFFC42408BB95

Amount of Each Receipt this Period
150.00

Memo Item

C. Bell, Colin, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3833 Caruth Blvd

City Dallas	State TX	Zip Code 75225-5216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1954	Occupation (for Individual) Oral surgeon
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2019

Transaction ID : A4B6DDF938ABA4174B3A

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<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. Bell, Colin, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3833 Caruth Blvd
 City Dallas State TX Zip Code 75225-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1954 Occupation (for Individual) Oral surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 08 / 2019
Transaction ID : A2F7884470AAA46F583B
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Beretta, Sandra, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 348 Barbara Way
 City Hillsborough State CA Zip Code 94010-6760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORCAL Mutual Insurance Company Occupation (for Individual) Secretary of the Norcal Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2019
Transaction ID : A2FAA0CCA96A0418D990
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bombaugh, Maryanne, , Dr.,
 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) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 06 / 2019
Transaction ID : A82251B775F684CE3985
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 32
<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)
Medical Professional Liability Association Political Action Committee

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

Date of Receipt **04 / 04 / 2019**
Transaction ID : ABA4FD19F8C88460BB31
 Amount of Each Receipt this Period 600.00
 Memo Item

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

Date of Receipt **05 / 13 / 2019**
Transaction ID : AF9E5453A996845B38BD
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Desjardins, Paul J., , Dr., PhD.
 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) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 08 / 2019**
Transaction ID : A1834A98FBBAB4B85A6A
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
<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)
Medical Professional Liability Association Political Action Committee

A. Diener, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 Market St
 City San Francisco State CA Zip Code 94105-2854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORCAL Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 03 / 2019**
Transaction ID : A203F82023DD844C6B7F
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Driscoll, Michael, B., 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) Starkweather & Shepley Occupation (for Individual) Insurance broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2019**
Transaction ID : A929D706D2C8740E1B50
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

C. Firth, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6250 Claremont Ave
 City Oakland State CA Zip Code 94618-1324
 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 ▼ 150.00

Date of Receipt **04 / 02 / 2019**
Transaction ID : AC42CA60A544B427ABB4
 Amount of Each Receipt this Period 150.00
 Memo Item
 Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
<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)
Medical Professional Liability Association Political Action Committee

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

Date of Receipt 04 / 23 / 2019
Transaction ID : A6F11FA48F2CE4BD79B9
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Gillespie, John, H., 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) Occupation (for Individual)
 Coverys Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2019
Transaction ID : AECDC4F1536C447EB5B
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Guyette, Robert, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9741 N 90th PI
 City Scottsdale State AZ Zip Code 85258-5096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Guyette Facial & Oral Surgery Oral surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 04 / 04 / 2019
Transaction ID : AA6D571B8C5B54F27985
 Amount of Each Receipt this Period 150.00
 Memo Item
 Contribution

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hanson, Gregg, L., 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) CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **04 / 20 / 2019**
Transaction ID : A62BCC4C4850942DC819
 Amount of Each Receipt this Period **1500.00**
 Memo Item

B. Hood, Katrina, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1065
 City Brentwood State TN Zip Code 37024-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bird watcher Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 23 / 2019**
Transaction ID : AE7B5F0614E804AE281E
 Amount of Each Receipt this Period **300.00**
 Memo Item

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

Date of Receipt **04 / 02 / 2019**
Transaction ID : A25C765F0F8C94179937
 Amount of Each Receipt this Period **600.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **2400.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
<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)
Medical Professional Liability Association Political Action Committee

A. Jones, Robert, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 W Parkway Pl
 City Ridgeland State MS Zip Code 39157-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Assurance Co. of MS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **03 / 28 / 2019**
Transaction ID : A0513E25544B74743AC7
 Amount of Each Receipt this Period 400.00
 Memo Item
 PAC Contribution

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

Date of Receipt **04 / 26 / 2019**
Transaction ID : AD4D839AC1ADA47BDAEI
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Lastner, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 Park Avenue 23rd Floor
 City New York State NY Zip Code 10016-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Academic Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 03 / 2019**
Transaction ID : AF1E095E27B6C467A97F
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<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. Lastner, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 Park Avenue
 23rd Floor
 City New York State NY Zip Code 10016-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Academic Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2019
Transaction ID : A995769C60BA94789BDF
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2019
Transaction ID : A4A11DE3D9BE74B14AC8
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Lytle, John, O., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1065
 City Brentwood State TN Zip Code 37024-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SVMIC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2019
Transaction ID : A0262FF4DDB2A4064875
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<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)
Medical Professional Liability Association Political Action Committee

A. Marley, Edward, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual Insurance Company of Arizona Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 01 / 2019
Transaction ID : A11AF2DAB0526472DB7B
 Amount of Each Receipt this Period 300.00
 Memo Item

B. McDonough, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7701 France Ave S
 City Minneapolis State MN Zip Code 55435-5288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Constellation/MMIC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2019
Transaction ID : AB84C4F4C039D47B08AA
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

C. Mize, John, H., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1065
 City Brentwood State TN Zip Code 37024-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SVMIC Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 03 / 2019
Transaction ID : A8FACDC07A0E04DE3AB9
 Amount of Each Receipt this Period 600.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<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. Murphy, Joseph, G., 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) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 29 / 2019**
Transaction ID : A9F70A7809CCD431DB68
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Nielsen, Matt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N. Martingdale Road
 Ste. 900
 City Schaumburg State IL Zip Code 60173-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) VP, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt **05 / 03 / 2019**
Transaction ID : A3E83861063B44D1FBF8
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Nielsen, Matt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N. Martingdale Road
 Ste. 900
 City Schaumburg State IL Zip Code 60173-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) VP, Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 23 / 2019**
Transaction ID : A5B0D76ADC9064609A41
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<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. Norris, Donna M., , Dr., MD
 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) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2019
Transaction ID : A4662FBCA56A44684A5E
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. O'Neil, Frank, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 590009
 City Birmingham State AL Zip Code 35259-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ProAssurance Occupation (for Individual) Senior Vice-President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2019
Transaction ID : A49676A15C1E34B3897D
 Amount of Each Receipt this Period
 150.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2019
Transaction ID : AA9A30BC6DBD745D08E8
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Passolt, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N. Martingdale Road
 Ste 900
 City Schaumburg State IL Zip Code 60173-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 04 / 2019
Transaction ID : ACA61A85D6D164B22922
 Amount of Each Receipt this Period 600.00
 Memo Item Contribution

B. Pigoni, Patricia, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N. Martingdale Road
 Ste 900
 City Schaumburg State IL Zip Code 60173-2206
 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 ▼ 150.00

Date of Receipt 04 / 23 / 2019
Transaction ID : A73CC3D5D3F4E4350A94
 Amount of Each Receipt this Period 150.00
 Memo Item

C. 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 04 / 26 / 2019
Transaction ID : ACD4DC297EDAC4F6288F
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 18 OF 32
	<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. Sheridan, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Camelot Dr

City Hingham	State MA	Zip Code 02043-4866
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) Board Member
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2019

Transaction ID : A57CEF373B1144018A86

Amount of Each Receipt this Period
600.00

Memo Item

B. Spina, Anthony, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 N. Martingdale Road
Ste 900

City Schaumburg	State IL	Zip Code 60173-2406
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OMS National Insurance Co.	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2019

Transaction ID : A59E9B59BB5C146B8AC4

Amount of Each Receipt this Period
600.00

Memo Item

C. Starnes, W. Stancil, Stancil, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 590009

City Birmingham	State AL	Zip Code 35259-0009
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ProAssurance	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2019

Transaction ID : A5DDA978E9FCF4716B0C

Amount of Each Receipt this Period
600.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<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. Steinmann, Charles, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 S Hope St
 City Los Angeles State CA Zip Code 90071-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2019
Transaction ID : AB00BF7D217D4415EB21
 Amount of Each Receipt this Period 300.00
 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 05 / 08 / 2019
Transaction ID : A22DEBC3D30CB4895B0A
 Amount of Each Receipt this Period 600.00
 Memo Item

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 ▼ 300.00

Date of Receipt 04 / 25 / 2019
Transaction ID : AEAE202585CF04DA1913
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
<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)
Medical Professional Liability Association Political Action Committee

A. Swift, James, Q., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Minnesota, Dept. of Moos Tower 7-174
 City Minneapolis State MN Zip Code 55455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) Chair of Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 29 / 2019
Transaction ID : AADF73C5EB956481F98A
 Amount of Each Receipt this Period 600.00
 Memo Item

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

Date of Receipt 04 / 19 / 2019
Transaction ID : AE64FA7FA0FF44927A12
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Wallace, Austin, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address West Virginia Mutual Insurance Com 500 Virginia Street, East
 City Charleston State WV Zip Code 25301-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WVMIC Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2019
Transaction ID : A0A1642E28ECB4D76A8D
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 21 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zorola, Jose, R., Mr.,

Mailing Address One Financial Center
 675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

Name of Employer (for Individual) Coverys Occupation (for Individual) Chief Underwriting Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2019

Transaction ID : A19B72466809046728DD

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	18000.00

**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 22 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input 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. Aristotle

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

Mailing Address 205 Pennsylvania Ave SE

City Washington	State DC	Zip Code 20003-1164
--------------------	-------------	------------------------

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 ▼
13.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2019

Transaction ID : AAF4E83C64D9C44FA9CC

Amount of Each Receipt this Period
13.50

Memo Item
Refund of credit card fee

B. Aristotle

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

Mailing Address 205 Pennsylvania Ave SE

City Washington	State DC	Zip Code 20003-1164
--------------------	-------------	------------------------

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 ▼
27.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2019

Transaction ID : A984F8B0A63AD4A5CA2E

Amount of Each Receipt this Period
13.50

Memo Item
Refund of credit card fee

C. Medical Professional Liability Association

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

Mailing Address 2275 Research Blvd
Ste 250

City Rockville	State MD	Zip Code 20850-6213
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
531.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2019

Transaction ID : A0DCAD77658FD48E4891

Amount of Each Receipt this Period
486.00

Memo Item
Offset of credit card fees

SUBTOTAL of Receipts This Page (optional).....	513.00
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 23 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Medical Professional Liability Association

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

Mailing Address 2275 Research Blvd
Ste 250

City Rockville State MD Zip Code 20850-6213

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
531.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2019

Transaction ID : AF1EA732DE2B140A9940

Amount of Each Receipt this Period
45.00

Memo Item
Offset of wire transfer fees

B.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	558.00

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 24 OF 32
<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
---------------	-------------	------------------------

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 ▼

19.47

Date of Receipt

05 / 31 / 2019

Transaction ID : A684C891F91CF418A93B

Amount of Each Receipt this Period

19.47

Memo Item

B. Capital One

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

Mailing Address 7933 Preston Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

54.49

Date of Receipt

06 / 30 / 2019

Transaction ID : A033AC4CEA7BE422EA05

Amount of Each Receipt this Period

35.02

Memo Item

Interest

C. Merrill Lynch

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

Mailing Address 1040 Stony Hill Rd
Ste 1050

City Yardley	State PA	Zip Code 19067-5509
-----------------	-------------	------------------------

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 ▼

0.99

Date of Receipt

01 / 31 / 2019

Transaction ID : AE8CDC49DAC5A485CB99

Amount of Each Receipt this Period

0.99

Memo Item

Account interest

SUBTOTAL of Receipts This Page (optional).....	55.48
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 25 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Merrill Lynch
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 Stony Hill Rd
 Ste 1050
 City Yardley State PA Zip Code 19067-5509
 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 ▼
 1.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2019
Transaction ID : A1B2E08839A144DBD9D9
 Amount of Each Receipt this Period
 0.82
 Memo Item

B. Merrill Lynch
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 Stony Hill Rd
 Ste 1050
 City Yardley State PA Zip Code 19067-5509
 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 ▼
 2.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : AE6E399730A5043F09F1
 Amount of Each Receipt this Period
 0.82
 Memo Item
 Interest

C. Merrill Lynch
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 Stony Hill Rd
 Ste 1050
 City Yardley State PA Zip Code 19067-5509
 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 ▼
 3.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2019
Transaction ID : AECB11F49EC2D4DB18DE
 Amount of Each Receipt this Period
 0.87
 Memo Item
 Interest

SUBTOTAL of Receipts This Page (optional).....	2.51
TOTAL This Period (last page this line number only).....	57.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	9

FEC Identification Number

C [Redacted]

Transaction ID : B61F54773F5

Amount of Each Disbursement this Period

[Redacted] 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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	9

FEC Identification Number

C [Redacted]

Transaction ID : B3668450A4F

Amount of Each Disbursement this Period

[Redacted] 13.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	9

FEC Identification Number

C [Redacted]

Transaction ID : B85B312B34

Amount of Each Disbursement this Period

[Redacted] 40.50

Memo Item

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

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

[Redacted] 67.50

[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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	9

FEC Identification Number

C [Redacted]

Transaction ID : BEB6C36CE/

Amount of Each Disbursement this Period

[Redacted] 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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	9

FEC Identification Number

C [Redacted]

Transaction ID : B7404EF965E

Amount of Each Disbursement this Period

[Redacted] 6.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	9

FEC Identification Number

C [Redacted]

Transaction ID : BC4B002C63

Amount of Each Disbursement this Period

[Redacted] 94.50

Memo Item

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

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

[Redacted] 114.75

[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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : BD885A87AF
Amount of Each Disbursement this Period
[REDACTED] 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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : B8AA2610561
Amount of Each Disbursement this Period
[REDACTED] 63.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : B0EEB7DB91
Amount of Each Disbursement this Period
[REDACTED] 99.00

Memo Item

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

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

[REDACTED]	175.50
------------	--------

[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

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : BD9A1674B7

Amount of Each Disbursement this Period

[REDACTED] 47.25

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : BDCCE3336C

Amount of Each Disbursement this Period

[REDACTED] 67.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : B1055B025D

Amount of Each Disbursement this Period

[REDACTED] 40.50

Memo Item

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

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

[REDACTED] 155.25

[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

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	9

FEC Identification Number

C [Redacted]
Transaction ID : B5185AF43B.
Amount of Each Disbursement this Period
[Redacted] 13.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 7933 Preston Rd.

City
Plano

State
TX

Zip Code
75024-2302

Purpose of Disbursement
Wire transfer fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	9

FEC Identification Number

C [Redacted]
Transaction ID : BA1536A0AF.
Amount of Each Disbursement this Period
[Redacted] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Merrill Lynch

Mailing Address 1040 Stony Hill Rd
Ste 1050

City
Yardley

State
PA

Zip Code
19067-5509

Purpose of Disbursement
Wire transfer fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	9

FEC Identification Number

C [Redacted]
Transaction ID : BD2A8C43A.
Amount of Each Disbursement this Period
[Redacted] 30.00

Memo Item

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

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

[Redacted]	58.50
[Redacted]	571.50

**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. CORY GARDNER FOR SENATE

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

City Lone Tree State CO Zip Code 80124-5504

Purpose of Disbursement
Candidate contribution

Candidate Name
Gardner, Cory, , ,

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

State: CO District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 28 / 2019

FEC Identification Number

C C00492454

Transaction ID : B508919019F

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 / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Bell, Colin, , Dr., MD

Mailing Address 3833 Caruth Blvd

City
Dallas

State
TX

Zip Code
75225-5216

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	9

FEC Identification Number

C

Transaction ID : B0E3C337AC
Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lastner, Mark, , ,

Mailing Address 99 Park Avenue
23rd Floor

City
New York

State
NY

Zip Code
10016-1624

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	9

FEC Identification Number

C

Transaction ID : BE01B187B9I
Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

<input type="text"/>	600.00
<input type="text"/>	600.00