

# 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

Physician Insurers Association of America Political Action Committee (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd. Ste. 250 Rockville MD 20850

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00319319

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

- (b) Monthly Report Due On:
 Feb 20 (M2)
 May 20 (M5)
 Aug 20 (M8)
 Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3)
 Jun 20 (M6)
 Sep 20 (M9)
 Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4)
 Jul 20 (M7)
 Oct 20 (M10)
 Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:
 Primary (12P)
 General (12G)
 Runoff (12R)
 Convention (12C)
 Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of [ ]

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

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2013 through [MM] / [DD] / [YYYY] 06 / 30 / 2013

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

Signature of Treasurer Mr. Mike Stinson [Electronically Filed] Date 07 / 31 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		14473.78
(b) Cash on Hand at Beginning of Reporting Period.....	14473.78	
(c) Total Receipts (from Line 19) .....	12225.86	12225.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26699.64	26699.64
7. Total Disbursements (from Line 31).....	144.60	144.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26555.04	26555.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

Report Covering the Period: From:  /  /  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).....	12225.00	12225.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12225.00	12225.00
(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) .....	12225.00	12225.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.86	0.86
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))..... ▶	12225.86	12225.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12225.86	12225.86

**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 .....	144.60	144.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	144.60	144.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	144.60	144.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	144.60	144.60

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	12225.00	12225.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12225.00	12225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	144.60	144.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	144.60	144.60

**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)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Wilczek Adam**  
Full Name (Last, First, Middle Initial)

Mailing Address 1047 Holly Tree Farms Road

City Brentwood State TN Zip Code 37027

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

Name of Employer PICA Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : SA11AI.4848**

Amount of Each Receipt this Period  
 100.00

PAC Contribution

**B. Mr. Victor T. Adamo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1573 Woodbridge Place

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer ProAssurance Corp. Occupation President

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 / 2013  
**Transaction ID : SA11AI.4845**

Amount of Each Receipt this Period  
 600.00

PAC Contribution

**C. Mr. Brian Atchinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 13209 Moran Drive

City North Potomac State MD Zip Code 20878

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

Name of Employer Physician Insurers Assn. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2013  
**Transaction ID : SA11AI.4829**

Amount of Each Receipt this Period  
 400.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Ms. Cynthia J. Belcher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16184 Marmer Drive  
City Huntington Beach State CA Zip Code 92649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Coop of American Physicians Occupation: SVP, Membership  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **150.00**

Date of Receipt: **04 / 17 / 2013**  
**Transaction ID : SA11AI.4801**  
Amount of Each Receipt this Period: **150.00**  
PAC Contribution

**B. Phyllis Biedess**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 W. Holly Street  
City Pheonix State AZ Zip Code 85003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Retired Health Care Administrator Occupation:  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt: **04 / 29 / 2013**  
**Transaction ID : SA11AI.4841**  
Amount of Each Receipt this Period: **100.00**  
PAC Contribution

**C. Nancy Brusegaard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1340 S. Beverly Glen Blvd. No. 311  
City Los Angeles State CA Zip Code 90024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Coop. of American Physicians Occupation: VP, Human Resources  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: **05 / 07 / 2013**  
**Transaction ID : SA11AI.4815**  
Amount of Each Receipt this Period: **300.00**  
PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 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

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. William E. Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 Kersey Road  
 City Silver Spring State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PIAA Occupation VP, Associate Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 23 / 2013**  
**Transaction ID : SA11AI.4836**  
 Amount of Each Receipt this Period **400.00**  
 PAC Contribution

**B. Mr. James F. Carland III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2602 E. Thomas Run  
 City Phoenix State AZ Zip Code 85016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MICA Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.4799**  
 Amount of Each Receipt this Period **300.00**  
 PAC Contribution

**C. Theodore Clarke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25149 US HWY 40  
 City Golden State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COPIC Occupation Chair/CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 22 / 2013**  
**Transaction ID : SA11AI.4830**  
 Amount of Each Receipt this Period **400.00**  
 PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**  
**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 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

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Gene Cleaver**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1208 B. North Old Stage Road  
City State Zip Code  
Mt. Shasta CA 96067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Employed Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2013  
**Transaction ID : SA11AI.4837**  
Amount of Each Receipt this Period  
100.00  
PAC Contribution

**B. Walt Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2602 E. Thomas Road  
City State Zip Code  
Phoenix AZ 85016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
MICA Insurance Executive  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013  
**Transaction ID : SA11AI.4809**  
Amount of Each Receipt this Period  
150.00  
PAC Contribution

**C. Mr. John A. Donaldson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 443 Bellmore Way  
City State Zip Code  
Pasadena CA 91103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Coop. of American Physicians CFO  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2013  
**Transaction ID : SA11AI.4802**  
Amount of Each Receipt this Period  
150.00  
PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 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

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Ms. Cindy Lesonsky Farrington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14603 Greenleaf Street  
 City Sherman Oaks State CA Zip Code 91403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Coop. of American Physicians Occupation: SVP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 22 / 2013  
**Transaction ID : SA11AI.4800**  
 Amount of Each Receipt this Period: 300.00  
 PAC Contribution

**B. Charles Hapcook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Brookside Drive  
 City Longmeadow State MA Zip Code 01160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Eastern Dentists Insurance Co. Occupation: President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 24 / 2013  
**Transaction ID : SA11AI.4806**  
 Amount of Each Receipt this Period: 300.00  
 PAC Contribution

**C. Dr. Donald W Hatton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1641 Hillcrest Road  
 City Lawrenceville State KS Zip Code 66044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: The Reed Medical Group Occupation: Chairman of the Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 29 / 2013  
**Transaction ID : SA11AI.4842**  
 Amount of Each Receipt this Period: 500.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 11 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

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Jeffrey Holden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 606 Forest Avenue  
City Glen Ellyn State IL Zip Code 60137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ISMIE Occupation COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 29 / 2013  
**Transaction ID : SA11AI.4843**  
Amount of Each Receipt this Period 600.00  
PAC Contribution

**B. Dr. Katrina M. Hood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 751 Brookhill Drive  
City Lexington State KY Zip Code 40502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pediatric & Adolescent Assoc. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2013  
**Transaction ID : SA11AI.4819**  
Amount of Each Receipt this Period 250.00  
PAC Contribution

**C. Mr. Carl T. Hook**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1916 Whispering Pines  
City Norman State OK Zip Code 73072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PLICO Occupation MD/CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : SA11AI.4795**  
Amount of Each Receipt this Period 600.00  
PAC Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 1450.00  
**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 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	

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Michael Houpt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 88 Boseman-Paine Circle

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

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

Name of Employer Medical Assurance Co. of MS	Occupation Insurance executive
-------------------------------------------------	-----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2013

**Transaction ID : SA11AI.4811**

Amount of Each Receipt this Period  

300.00
--------

PAC Contribution

**B. Wayne Hudec**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3017 Bob Younkin Drive

City Fayetteville	State AZ	Zip Code 72703
----------------------	-------------	-------------------

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

Name of Employer SVMIC	Occupation Board Member
---------------------------	----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

**Transaction ID : SA11AI.4832**

Amount of Each Receipt this Period  

250.00
--------

**C. Ronald Malpiedi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10747 N 140th Way

City Scottsdale	State AZ	Zip Code 85259
--------------------	-------------	-------------------

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

Name of Employer Mutual Insurance Company of AZ	Occupation Insurance Executive
----------------------------------------------------	-----------------------------------

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	/	2013

**Transaction ID : SA11AI.4846**

Amount of Each Receipt this Period  

150.00
--------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 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)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Michael McAdoo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7104 Oakhill Drive

City	State	Zip Code
Milan	TN	38358

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

Name of Employer	Occupation
Milan Medical Center	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2013

**Transaction ID : SA11AI.4820**

Amount of Each Receipt this Period  

300.00
--------

PAC Contribution

**B. Dr. Paul Carter McNabb II**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 Church Street

City	State	Zip Code
Nashville	TN	37236

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

Name of Employer	Occupation
University of Tennessee	Medical doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2013

**Transaction ID : SA11AI.4814**

Amount of Each Receipt this Period  

100.00
--------

PAC Contribution

**C. John Mize**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9296 Exton Lane

City	State	Zip Code
Brentwood	TN	37027

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

Name of Employer	Occupation
SVMIC	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	/	28	/	2013

**Transaction ID : SA11AI.4834**

Amount of Each Receipt this Period  

300.00
--------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 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)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank O'Neil</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2013 <b>Transaction ID : SA11AI.4816</b>
Mailing Address 2704 Stonehaven Place		Amount of Each Receipt this Period 100.00
City Birmingham	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer SVP-Communication	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Odland</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2013 <b>Transaction ID : SA11AI.4822</b>
Mailing Address 4613 Wooddale Avenue		Amount of Each Receipt this Period 150.00
City Edina	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MMIC Group	Occupation Chair, Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Gordon T. Ownby Esq.</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2013 <b>Transaction ID : SA11AI.4824</b>
Mailing Address 3715 Los Olivos Lane		Amount of Each Receipt this Period 100.00
City La Crescenta	State CA	Zip Code 91214
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Coop. of American Physicians	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 15 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)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

Full Name (Last, First, Middle Initial) <b>A. Timothy J Padovese</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>06</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	06	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	06	/	2013								
Mailing Address 28 Montevideo Way		<b>Transaction ID : SA11AI.4813</b>										
City San Rafael	State CA	Zip Code 94903										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00										
Name of Employer Ophthalmic Mutual Insurance Co	Occupation Management	PAC Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											

Full Name (Last, First, Middle Initial) <b>B. William Passolt</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>22</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	22	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	22	/	2013								
Mailing Address 172 Knightsbridge Drive		<b>Transaction ID : SA11AI.4827</b>										
City Mundelein	State IL	Zip Code 60060										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00										
Name of Employer OMS National Ins. Co.	Occupation President	PAC Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											

Full Name (Last, First, Middle Initial) <b>C. Rebecca Patchin</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>22</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	22	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	22	/	2013								
Mailing Address 18195 Kross Road		<b>Transaction ID : SA11AI.4817</b>										
City Riverside	State CA	Zip Code 92508										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00										
Name of Employer Self	Occupation Physician	PAC Contributin										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 16 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)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Jan Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5305 Connecticut Ave., NW  
 City Washington State DC Zip Code 20015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Director of Meetings & Education Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **25.00**

Date of Receipt **05 / 22 / 2013**  
**Transaction ID : SA11AI.4828**  
 Amount of Each Receipt this Period **25.00**  
 PAC Contribution

**B. Gary Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1108 W. Powderhorn Road  
 City Mechanisburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WVMIC Occupation Accountant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **150.00**

Date of Receipt **06 / 26 / 2013**  
**Transaction ID : SA11AI.4839**  
 Amount of Each Receipt this Period **150.00**  
 PAC Contribution

**C. Kurt Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4416 SW Pinebrook Lane  
 City Topeka State KS Zip Code 66610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KAMMCO Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 29 / 2013**  
**Transaction ID : SA11AI.4847**  
 Amount of Each Receipt this Period **250.00**  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Mr. Andrew L. Sew Hoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 South Grand Avenue, Ste. 300  
 City Los Angeles State CA Zip Code 90015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 23 / 2013**  
**Transaction ID : SA11AI.4805**  
 Amount of Each Receipt this Period **300.00**  
 PAC Contribution

**B. Jaan Sidorov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 413 Village Way  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 22 / 2013**  
**Transaction ID : SA11AI.4818**  
 Amount of Each Receipt this Period **300.00**  
 PAC Contribution

**C. Mr. James E. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 268 Gillette Drive  
 City Franklin State TN Zip Code 37069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Volunteer Mutual Ins. Co Occupation Insurance executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **150.00**

Date of Receipt **04 / 29 / 2013**  
**Transaction ID : SA11AI.4798**  
 Amount of Each Receipt this Period **150.00**  
 PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 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)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. W. Stancil Starnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 Caterbury Lane  
 City Birmingham State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProAssurance Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 29 / 2013**  
**Transaction ID : SA11AI.4844**  
 Amount of Each Receipt this Period **600.00**  
 PAC Contribution

**B. Mr. Thomas H. Stearns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7331 Nolensville Rd  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Volunteer Mutual Ins. Co Occupation VP, Medical Pract. Serv.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 06 / 2013**  
**Transaction ID : SA11AI.4812**  
 Amount of Each Receipt this Period **250.00**  
 PAC Contribution

**C. Ross Taubman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Hope Avenue  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PICA/ProAssurance Occupation President & Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **04 / 17 / 2013**  
**Transaction ID : SA11AI.4803**  
 Amount of Each Receipt this Period **100.00**  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 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

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Phillip Unger**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 Raintree Road

City Fullerton State CA Zip Code 92835

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2013

**Transaction ID : SA11AI.4794**

Amount of Each Receipt this Period  
 300.00

PAC Contribution

**B. R Austin Wallace**  
Full Name (Last, First, Middle Initial)

Mailing Address 820 Middle Road

City Charleston State WV Zip Code 25314

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

Name of Employer West Virginia Mutual Ins. Co. Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2013

**Transaction ID : SA11AI.4831**

Amount of Each Receipt this Period  
 250.00

PAC Contribution

**C. Paul Weber**  
Full Name (Last, First, Middle Initial)

Mailing Address 514 Hill Street # 3

City San Francisco State CA Zip Code 94114

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

Name of Employer OMIC Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2013

**Transaction ID : SA11AI.4825**

Amount of Each Receipt this Period  
 600.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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: PAGE 20 OF 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

**A. Mr. James L. Weidner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 S. Hope Street, 8th FL  
City Los Angeles State CA Zip Code 91105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CAP Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : SA11AI.4807**  
Amount of Each Receipt this Period 600.00  
PAC Contribution

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

Date of Receipt  
Amount of Each Receipt this Period

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

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12225.00

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

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NAME OF COMMITTEE (In Full)

**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2013

**Transaction ID : SB21B.4867**

Amount of Each Disbursement this Period

39.50

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2013

**Transaction ID : SB21B.4868**

Amount of Each Disbursement this Period

53.70

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2013

**Transaction ID : SB21B.4869**

Amount of Each Disbursement this Period

51.40

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

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

144.60

144.60