

**FEC  
FORM 1**

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

ADDRESS (number and street)

2275 Research Blvd

Suite 250

(Check if address is changed)

Rockville

MD

20850

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

mstinson@piaa.us

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 / 02 / 2012

3. FEC IDENTIFICATION NUMBER

C C00319319

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

03 / 02 / 2012

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Physician Insurers Association of America

Mailing Address

2275 Research Boulevard

Ste. 250

Rockville

MD

20850

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Cindy Clemenza

Mailing Address 9519 Briar Glen Way

Montgomery Village

MD

20886

Title or Position

CITY

STATE

ZIP CODE

Executive Assistant

Telephone number 240 - 813 - 6128

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Brian Atchinson

Mailing Address 13209 Moran Drive

North Potomac

MD

20878

CITY

STATE

ZIP CODE

Title or Position President/CEO

Telephone number 240 - 813 - 6143

Full Name of Designated Agent Mr. Mike Stinson

Mailing Address 3006 Bryan St.  
Alexandria VA 22302  
CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 301 - 947 - 9000

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Merrill Lynch

Mailing Address 1040 Stoney Hill Road, Ste. 1050  
Yardley PA 19067  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address  
CITY STATE ZIP CODE