Image# 12972527764 PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
NAME OF COMMITTEE (in full)	E OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
Physician Insurers Associ	ation of America F	Political Action (Committee	e (PIAAPA	AC)
ADDRESS (number and street)	275 Research Blvd.				
Check if different	Rockville			MD	20850
2. FEC IDENTIFICATION NUMB	ER ▼ CIT	Y A	S	TATE 🛦	ZIP CODE ▲
C C00319319			NEW OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Electio	n on	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Electio	n on	D	Y	in the State of
5. Covering Period 07	01 2012	through	09	/ 30 /	2012
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of Ir. Mike Stinson	my knowledge and b	pelief it is true	e, correct and	l complete.
Signature of Treasurer Mr. Mike S	Stinson	[Electronically	Filed] Da	ate 10	/ D D / Y Y Y Y Y Y 12 2012
NOTE: Submission of false, erroneous	, or incomplete information	n may subject the pers	son signing thi	s Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

01 2012 09 30 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 19168.95 January 1, 2012 (b) Cash on Hand at 33846.29 Beginning of Reporting Period..... 16576.52 721.83 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 34568.12 35745.47 6(a) and 6(c) for Column B)..... 21303.34 22480.69 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 13264.78 13264.78 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (atherests on Lorent France)	Total Tills Period	Calelidal fedi-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	420.00	14847.17
(1) 1101111200 (000 0011000110 1) 11111111111		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	420.00	14847.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	4250.00
(such as PACs)	0.00	1250.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	420.00	16097.17
Totals to Line 33, page 5)	420.00	10001.11
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
All Louis riccoved		
Laca Denominate Described	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	169.85
Refunds of Contributions Made	7	100.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	3 3 3	
(Dividends, Interest, etc.)	301.83	309.50
Transfers from Non-Federal and Levin Funds	30000	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) 20111 Furido (ironi coriodalo Fio)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	7	
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	721.83	16576.52
_		
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	721.83	16576.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating			
Expenditures	301.17	478.52	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	301.17	478.52	
2. Transfers to Affiliated/Other Party		1002	
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	21000.00	22000.00	
4. Independent Expenditures	0.00	0.00	
(use Schedule E)	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loạns Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other	0.17	2.17	
Than Political Committees	2.17	2.17	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(343) 43 17(35)			
(d) Total Contribution Refunds	2.17	0.47	
(add Lines 28(a), (b), and (c))▶	2.17	2.17	
9. Other Disbursements	0.00	0.00	
D. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)	0.00	0.00	
(i) Federal Share	, , ,		
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely	0.00	0.00	
With Federal Funds	0.00	5.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
I. Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21303.34	22480.69	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	21303.34	22480.69	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	420.00	16097.17
4. Total Contribution Refunds (from Line 28(d))	2.17	2.17
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	417.83	16095.00
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	301.17	478.52
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	169.85
Net Operating Expenditures (subtract Line 37 from Line 36)	301.17	308.67

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		ch category of the ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Associati	on of America Poli	tical Action Com	nmittee (PIAAPAC)
Full Name (Last, First, Middle Initial) Ms. Ginny Echeverria Mailing Address 9728 Byeford Road City Kensington FEC ID number of contributing federal political committee. Name of Employer PIAA Receipt For: Primary General Other (specify)	State Zip MD 208 C Occupation Director of Members Aggregate Year-to-D	hip	Date of Receipt 109 10 2012 Transaction ID: SA11AI.4658 Amount of Each Receipt this Period 25.00 Contribution
Full Name (Last, First, Middle Initial) Peidi Hong Mailing Address 402 Garden View Way City Rockville FEC ID number of contributing federal political committee. Name of Employer Director of Accounting Receipt For: Primary General	State Zip MD 2089 C Occupation Aggregate Year-to-D	Oate ▼	Date of Receipt M M / D D / Y Y Y Y Y O9 10 2012 Transaction ID : SA11Al.4660 Amount of Each Receipt this Period 30.00 Contribuiton
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Jill K. Knerr Mailing Address 13832 Dayton Meadows City Dayton FEC ID number of contributing federal political committee. Name of Employer Director of Administration Receipt For: Primary General Other (specify) ▼			Date of Receipt M
SUBTOTAL of Receipts This Page (optional	nl)		90.00
TOTAL This Period (last page this line num	nber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	IMBER	:	PAGE	7	OF	17
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		\Box_{17}

		statements may not be sold or used by any pers	
	NAME OF COMMITTEE (In Full) Physician Insurers Association	of America Political Action Commi	ittee (PIAAPAC)
Α.			Date of Receipt
	Mailing Address 12708 Circle Drive		09 10 / 2012
	City Rockville	State Zip Code MD 20850	Transaction ID : SA11AI.4657 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer PIAA	Occupation Director of Loss Prevention & Research	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	
В.	Full Name (Last, First, Middle Initial) R Wallace Wallace		Date of Receipt
	Mailing Address 820 Middle Road		09 27 2012
	City Charleston	State Zip Code WV 25314	Transaction ID : SA11AI.4661 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	300.00
	Name of Employer West Virginia Mutual Ins. Co.	Occupation President/CEO	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
— С.	Full Name (Last, First, Middle Initial)		Date of Receipt
•	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	7
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Ş	SUBTOTAL of Receipts This Page (optional)		330.00
	TOTAL This Period (last page this line number	only)	420.00

S 17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 17 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements match	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Association	n of Americ	ca Political Action Com	nmittee (PIAAPAC)
Full Name (Last, First, Middle Initial) A. Merrill Lynch			Date of Receipt
Mailing Address 1040 Stoney Hill Road Ste. 1050			07 31 _ 2012 _
City	State	Zip Code	Transaction ID : SA17.4692
Yardley	PA	19067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1.34
Name of Employer	Occupation	1	Interest from Merrill Lynch
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		9.01	
Full Name (Last, First, Middle Initial) B. Merrill Lynch			Date of Receipt
Mailing Address 1040 Stoney Hill Road Ste. 1050			08 31 2012
City	State	Zip Code	Transaction ID : SA17.4693
Yardley	PA	19067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		0.26
Name of Employer	Occupation	1	Interest from Merrill Lynch
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 9.27	
Full Name (Last, First, Middle Initial) C. Merrill Lynch			Date of Receipt
Mailing Address 1040 Stoney Hill Road Ste. 1050			09 28 2012
City Yardley	State PA	Zip Code 19067	Transaction ID : SA17.4696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		0.23
Name of Employer	Occupation	1	Interest from Merrill Lynch
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		9.50	
SUBTOTAL of Receipts This Page (optional).			1.83

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

S 17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 17 (check only one)
Ar	y information copied from such Reports and S for commercial purposes, other than using the	statements ma	ay not be sold or used by any p	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Physician Insurers Association			
Α.	Full Name (Last, First, Middle Initial) Physician Insurers Association of Ame Mailing Address 2275 Research Blvd., Ste. 250			Date of Receipt
	City	State	Zip Code	09 24 2012 Transaction ID : SA17.4695
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C		300.00 PIAA for Operating Expenses
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		469.85	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
— с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Amount of Each Necept this Feriou
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	55 5	Year-to-Date ▼	
	IIPTOTAL of Possints This Page (antional)			300.00

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

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

301.83

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10			10 C)F 17	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Greek Grily Grie)		¬.c.=			
	Detailed Summary Page	X 21k		23 28b	24 28c	25 29	26 30b
			28a				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
Physician Insurers Association of A	merica Political Ac	tion Comn	nittee (Pl	AAPAC)		
Full Name (Last, First, Middle Initial)							
A. Merrill Lynch			Date of	Disbursem		YY	Υ
Mailing Address 1040 Stoney Hill Road Ste. 1050			08	03		2012	
•	tate Zip Code PA 19067		Transa	ction ID :	SB21B.469	98	
Yardley Purpose of Disbursement	PA 19067						
Merrill Lynch for Operating Expenses			Amount	of Each Di	sbursemer	nt this F	Period
Candidate Name		Category/ Type		,	,	300	.00
Office Sought: House Disbursem	ent For: Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) B.			Doto of	Dioburoom	ont		
ь.			Date of	Disbursem			
Mailing Address			M = M	/ D D	/ Y	Y	Y
City	tate Zip Code						
Purpose of Disbursement			_				
Candidata Nama			Amount	of Each Di	sbursemer	it this F	eriod
Candidate Name		Category/ Type					
Office Sought: House Disbursem	ent For:						
	Primary General						
	Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)						—	
C.			Date of	Disbursem	ent		
Mailing Address			M = M	/ D D	/ Y	YYY	Y
City	tate Zip Code						
Purpose of Disbursement	Т		_				
rulpose of Disbursement			A	of Fook Di		r	اد ماد
Candidate Name		Category/	Amount	of Each Di	sbursemer	it this P	reriod
Office Sought: House Disbursem	ent For:	Туре		7	7		
	Primary General						
	Other (specify) ▼						
State: District:	· · · · · · · · · · · · · · · · · · ·						
CURTOTAL of Dishara and Till D. (if a)						300.	.00
SUBTOTAL of Disbursements This Page (optional)		······		7			لبت
TOTAL This Period (last page this line number only).						300.	.00

SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 11 OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Physician Insurers Association of A	America Political A	ction Commi	ttee (PIAAPAC)
/ Full Name (Last, First, Middle Initial)			
A. BERG FOR SENATE			Date of Disbursement
Mailing Address PO BOX 9394			09 11 2012
City S FARGO	State Zip Code ND 58106		Transaction ID : SB23.4605
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name RICHARD A BERG		Category/ Type	1000.00
Senate President	ment For: 2012 Primary ☐ General Other (specify) ▼		
State: ND District: 00 Full Name (Last, First, Middle Initial) BOB GOODLATTE FOR CONGRE	ESS COMMITTEE		Date of Disbursement
Mailing Address P.O. BOX 292			09 11 2012
City ROANOKE	State Zip Code VA 24002		Transaction ID : SB23.4719
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name ROBERT W GOODLATTE		Category/ Type	1000.00
Office Sought: House Disburser	nent For: 2012 Primary		
Full Name (Last, First, Middle Initial) COUNTY OF THE PROPERTY			Date of Disbursement
Mailing Address 50 WEST BROAD STREET SUITE	1900		09 11 2012
	State Zip Code		Transaction ID : SB23.4636
COLUMBUS	OH 43215		
COLUMBUS Purpose of Disbursement Campaign Contribution	OH 43215		Amount of Each Disbursement this Period
COLUMBUS Purpose of Disbursement Campaign Contribution Candidate Name JOSH MANDEL		Category/ Type	Amount of Each Disbursement this Period
COLUMBUS Purpose of Disbursement Campaign Contribution Candidate Name JOSH MANDEL	OH 43215 ment For: 2012 Primary		
COLUMBUS Purpose of Disbursement Campaign Contribution Candidate Name JOSH MANDEL Office Sought: House Senate President Disburser	ment For: 2012 Primary ∑ General Other (specify) ▼	Type	

		, FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	e(s) (check only	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Physician Insurers Association of A		Action Commi	ttee (PIAAPAC)
/ Full Name (Last, First, Middle Initial)			· ,
A. DAVID SCOTT FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 960821			07 23 2012
RIVERDALE	State Zip Code GA 30296		Transaction ID: SB23.4689
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name DAVID ALBERT SCOTT		Category/ Type	1000.00
Senate President	nent For: 2012 Primary	al	
State: GA District: 13 Full Name (Last, First, Middle Initial) B. DEB FISCHER FOR US SENATE Mailing Address 317 S 12TH	INC		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S	State Zip Code NE 68508		Transaction ID : SB23.4677
Purpose of Disbursement Campaign Contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name DEBRA S FISCHER		Category/ Type	1000.00
X Senate	nent For: 2012 Primary X Genera Other (specify) V	-1	
Full Name (Last, First, Middle Initial) FRIENDS OF CONNIE MACK			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 519			09 18 2012
City S NAPLES	State Zip Code FL 34106		
City S NAPLES Purpose of Disbursement Campaign Contribution	· ·		09 18 2012
City S NAPLES Purpose of Disbursement Campaign Contribution Candidate Name CONNIE MACK	FL 34106	Category/ Type	09 18 2012 Transaction ID : SB23.4683
City NAPLES Purpose of Disbursement Campaign Contribution Candidate Name CONNIE MACK Office Sought: House Disburser	· ·	Type	Transaction ID : SB23.4683 Amount of Each Disbursement this Period
City NAPLES Purpose of Disbursement Campaign Contribution Candidate Name CONNIE MACK Office Sought: House Senate President	nent For: 2012 Primary General Other (specify)	Type al	Transaction ID : SB23.4683 Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	F	PAGE 13 OF 17
TEMIZED DISBURSEMENTS		ite schedule(s)	(check on		_	
		tegory of the immary Page	21b		23 24	
			27	28a	28b 28	c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
Physician Insurers Association of A	America P	olitical Action	on Comm	nittee (Pl	AAPAC)	
Full Name (Last, First, Middle Initial)						
A. FRIENDS OF JOHN BARRASSO				Date of	Disbursement / Disbursement	Y
Mailing Address PO BOX 52008				09	11	2012
City	State 2	Zip Code		Transa	otion ID - CD22	4622
CASPER	WY	82605		Transa	ction ID : SB23	.4033
Purpose of Disbursement Campaign Contribution				Amount	of Each Disburs	sement this Period
Candidate Name		-	Category/			4000.00
JOHN A BARRASSO			Type			1000.00
Office Sought: House Disburse	ment For: 20° Primary	12 General				
President	Other (specify					
State: WY District: 00						
Full Name (Last, First, Middle Initial)						
3. FRIENDS OF NAN HAYWORTH					Disbursement	
Mailing Address P.O. BOX 188				09	11	2012
011	01-1-	71-0-1-				
						1001
•		Zip Code		Transa	ction ID : SB23	3.4624
City CARMEL Purpose of Disbursement		2ip Code 10512		Transa	ction ID : SB23	3.4624
CARMEL						sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name			Category/			sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH	NY	10512	Category/ Type			
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: House Disburser	ment For: 20	10512				sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate Disburser	ment For: 20 Primary	10512 12 General				sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President Disburset	ment For: 20	10512 12 General				sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Yesident President State: NY District: 18	ment For: 20 Primary	10512 12 General				sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President Disburset	ment For: 20 Primary Other (specify	10512 12 General		Amount		sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201	ment For: 20 Primary Other (specify	10512 12 General		Amount	of Each Disburs	sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Senate President State: NY Full Name (Last, First, Middle Initial)	ment For: 20 Primary Other (specify	10512 12 General		Amount Date of	of Each Disburs	sement this Period 1000.00
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235	ment For: 20 Primary Other (specify	10512 12 General (1)		Amount Date of	Disbursement	1000.00 Y Y Y Y Y Y 2012
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235	ment For: 20 Primary Other (specify	10512 12 General		Amount Date of	of Each Disburs Disbursement	1000.00 Y Y Y Y Y Y 2012
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235 City LONE TREE Purpose of Disbursement	ment For: 20 Primary Other (specify	10512 12 General		Amount Date of	Disbursement	1000.00 Y Y Y Y Y Y 2012
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C- GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235 City LONE TREE Purpose of Disbursement Campaign Contribution	ment For: 20 Primary Other (specify	10512 12 General		Date of 09	Disbursement / 11 ction ID : SB23	1000.00 Y Y Y Y Y Y 2012
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CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235 City LONE TREE Purpose of Disbursement Campaign Contribution Candidate Name CORY GARDNER	ment For: 20 Primary Other (specify 2 State 7	10512 12 General V) Zip Code 80124	Type	Date of 09	Disbursement / 11 ction ID : SB23	1000.00 1000.00
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235 City LONE TREE Purpose of Disbursement Campaign Contribution Candidate Name CORY GARDNER Office Sought: House Disburse	ment For: 20 Primary Other (specify State CO ment For: 20	10512 12	Type Category/	Date of 09	Disbursement / 11 ction ID : SB23	1000.00 Y Y Y Y Y Y Y 2012 3.4621 sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235 City LONE TREE Purpose of Disbursement Campaign Contribution Candidate Name CORY GARDNER	ment For: 20 Primary Other (specify 2 State 7	10512 12	Type Category/	Date of 09	Disbursement / 11 ction ID : SB23	1000.00 Y Y Y Y Y Y Y 2012 3.4621 sement this Period
CARMEL Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH Office Sought: Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) C. GARDNER FOR CONGRESS 201 Mailing Address 9227 E. LINCOLN AVE., #200-235 City LONE TREE Purpose of Disbursement Campaign Contribution Candidate Name CORY GARDNER Office Sought: House Senate	ment For: 20 Primary Other (specify State CO ment For: 20 Primary	10512 12	Type Category/	Date of 09	Disbursement / 11 ction ID : SB23	1000.00 Y Y Y Y Y Y Y 2012 3.4621 sement this Period
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 17		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	NOMBETT.		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)	ame and address of any poin	ioai committee to	Solicit Continuations from Such Continues.		
Physician Insurers Association o	f America Political Δα	tion Commi	ttee (PIAAPAC)		
	T A TIONOG T OHIOGI AC				
Full Name (Last, First, Middle Initial) A. HATCH ELECTION COMMITTE	E INC		Date of Disbursement		
- HATCH ELECTION COMMITTE	E IINC		M M / D D / Y Y Y Y		
Mailing Address PO BOX 900427			09 11 2012		
City	State Zip Code		Transaction ID : SB23.4627		
SANDY Purpose of Dishuraement	UT 84090		Transaction iD . 3023.7021		
Purpose of Disbursement Campaign Contribtuion			Amount of Each Disbursement this Period		
Candidate Name		Category/			
ORRIN G HATCH	_	Type	1000.00		
Office Sought: House Disbur	sement For: 2012 Primary				
President	Primary				
State: UT District: 00					
Full Name (Last, First, Middle Initial)					
B. HELLER FOR SENATE			Date of Disbursement		
Mailing Address PO BOX 371907			09 13 2012		
Maning Address FO BOX 3/ 190/			2012		
City LAS VEGAS	State Zip Code NV 89137		Transaction ID : SB23.4674		
Purpose of Disbursement					
Campaign Contribution			Amount of Each Disbursement this Period		
Candidate Name DEAN HELLER		Category/ Type	1000.00		
	sement For: 2012	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: NV District: 00					
Full Name (Last, First, Middle Initial) C. HOEKSTRA FOR SENATE			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address 190 MONROE AVENUE NW SI	JITE 300		09 11 2012		
City	State Zip Code		ID 0000		
GRAND RAPIDS	MI 49503		Transaction ID : SB23.4649		
Purpose of Disbursement Campaign Contribution					
Candidate Name		Cata	Amount of Each Disbursement this Period		
PETER HOEKSTRA		Category/ Type	1000.00		
	sement For: 2012				
Senate President	Primary General				
State: MI District: 02	Other (specify) ▼				
- 300 Mil 5100100 UZ					
SUBTOTAL of Disbursements This Page (optional	l)		3000.00		
TOTAL This Period (last page this line number of	nly)				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
	The and address of any point	icai committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Incurers Association of	Amorica Political Ac	tion Commi	ttoo (DIAADAC)
Physician Insurers Association of	America Political At	LION COMMI	ilee (FIAAFAC)
Full Name (Last, First, Middle Initial)			
A. HOOSIERS FOR RICHARD MOL	IRDOCK INC		Date of Disbursement
Mallian Address DO DOV (Too			M M / D D / Y Y Y Y
Mailing Address PO BOX 1583			09 18 2012
City	State Zip Code		
INDIANAPOLIS	IN 46206		Transaction ID: SB23.4686
Purpose of Disbursement Campaign Contribution			
Candidate Name			Amount of Each Disbursement this Period
RICHARD E MOURDOCK		Category/ Type	1000.00
	ement For: 2012	Турс	
X Senate	Primary Seneral		
President	Other (specify) ▼		
State: IN District: 00			
Full Name (Last, First, Middle Initial)			Data of Dishurasment
B. LINDA LINGLE SENATE COMMI	IIEE		Date of Disbursement
Mailing Address C/O 46-001 KAMEHAMEHA HW	Y		09 11 2012
SUITE 301	•		
City	State Zip Code		Transaction ID : SB23.4646
KANEOHE Purpose of Disbursement	HI 96744		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
LINDA LINGLE		Type	1000.00
	ement For: 2012		
Senate	Primary General		
State: HI District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. MANCHIN FOR WEST VIRGINIA			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 5202			09 11 2012
City	State Zin Code		
City CHARLESTON	State Zip Code WV 25361		Transaction ID : SB23.4630
Purpose of Disbursement			
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
JOE III MANCHIN Office Sought: House Disburse	ement For: 2012	Туре	7
Senate	Primary General		
President	Other (specify)		
State: WV District: 00			
·			
SUBTOTAL of Disbursements This Page (optional)			3000.00
TOTAL This Desired (leaf ages this line age)	Δ		
TOTAL This Period (last page this line number onli	/)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Physician Insurers Association of A	America Political Ac	tion Commi	ttee (PIAAPAC)
Full Name (Last, First, Middle Initial)			5
A. MATHESON FOR CONGRESS			Date of Disbursement
Mailing Address P O BOX 521048			09 11 2012
,	State Zip Code		Transaction ID : SB23,4653
SALT LAKE CITY Purpose of Disbursement	UT 84152		Transaction 15 : 0520.7000
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
JAMES D MATHESON		Type	1000.00
Office Sought: House Disburser Senate President	ment For: 2012 Primary		
State: UT District: 04			
Full Name (Last, First, Middle Initial)			Data of Dishamon and
3. MONTANANS FOR REHBERG			Date of Disbursement
Mailing Address PO BOX 1597			09 18 2012
City HELENA	State Zip Code MT 59624		Transaction ID : SB23.4680
Purpose of Disbursement Campaign Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name DENNIS RAY REHBERG		Category/	1000.00
_	ment For: 2012	Туре	
X Senate	Primary Seneral		
State: MT District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)	E 0014141TTEE IN 16		Date of Disbursement
SCOTT BROWN FOR US SENAT	E COMMITTEE INC	ز	M M / D D / Y Y Y Y
Mailing Address 337 SUMMER STREET			09 18 2012
City	State Zip Code		Transaction ID : SB23.4664
BOSTON Durance of Dishuranment	MA 02210		Transaction 15 : 0520.4004
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
SCOTT P BROWN	and Fra	Type	1000.00
Office Sought: House Senate President Disburser	ment For: 2012 Primary		
State: MA District: 00			
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00
TOTAL This Period (last page this line number only))		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 17 OF 17		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only one)			
	Detailed Summary Page	21b	22 🗙 23 24 25 26		
		27	28a 28b 28c 29 30b		
Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)	7 1-				
Physician Insurers Association	of America Political Ad	ction Commi	ittee (PIAAPAC)		
Full Name (Last, First, Middle Initial)		-	•		
A. TEXANS FOR LAMAR SMITH			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO BOX 6155			09 12 2012		
City	State Zip Code				
SAN ANTONIO	TX 78209		Transaction ID : SB23.4671		
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period		
Candidate Name		Cotocom	Amount of Lacii Dispulsement this Fellod		
LAMAR SMITH		Category/ Type	1000.00		
	ursement For: 2012				
Senate President	Primary				
State: TX District: 21	Outer (apecity)				
Full Name (Last, First, Middle Initial)					
B. TOMMY THOMPSON FOR SE	NATE INC		Date of Disbursement		
Mailing Address PO BOX 620650			09 26 2012		
Mailing Address PO BOX 020050			09 20 2012		
City	State Zip Code		Transaction ID : SB23.4668		
MIDDLETON Purpose of Disbursement	WI 53562				
Campaign Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
TOMMY G THOMPSON Office Sought: House Disb	ursement For: 2012	Туре	1000.00		
Senate	Primary Seneral				
President	Other (specify)				
State: WI District: 00					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. WILSON FOR SENATE			Date of Dispursement		
Mailing Address PO BOX 10248			09 11 2012		
City	Ctoto 7:- OI-				
City ALBUQUERQUE	State Zip Code NM 87184		Transaction ID : SB23.4614		
Purpose of Disbursement Campaign Contribtuion					
Campaign Contribtuion Candidate Name			Amount of Each Disbursement this Period		
WILSON FOR SENATE		Category/ Type	1000.00		
	ursement For: 2012	1,700			
Senate	Primary Seneral				
President President	Other (specify)				
State: NM District: 00					
SUBTOTAL of Disbursements This Page (option	nal)		3000.00		
3 (44.2)	•		2,222.22		
TOTAL This Period (last page this line number	only)		21000.00		