Image# 13960489865 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | For Other Than An Auth | iorizea Committee | Office | Use Only |
|---|----------------------------------|--|--------------------------|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 | |
| Physician Insurers As | sociation of America P | Political Action Committe | ee (PIAAPAC) | |
| | | | | |
| ADDRESS (number and street) | 2275 Research Blvd. | | | |
| Check if different | Ste. 250 | | | |
| than previously reported. (ACC) | Rockville | | MD 2088 | 50 |
| 2. FEC IDENTIFICATION N | UMBER ▼ CITY | Ý A | STATE A | ZIP CODE ▲ |
| C C00319319 | 3. IS | THIS X NEW (N) OR | AMENDED (A) |) |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly 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 2 | 20 (M4) Jul 20 (M7) | Oct 20 (M10 |)) Jan 31 (YE) |
| Quarterly Report (| Q1) (c) 12-Day PRE-Election | Primary (12P) | General (12G) | Runoff (12R) |
| Quarterly Report (October 15 | Q2) Report for the: | Convention (12C) | Special (12S) | |
| Quarterly Report (| Q3) | M = M / D = D / | Y | in the |
| January 31 Year-End Report (| YE) Election | n on | | State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | POST-Election Report for the: | General (30G) | Runoff (30R) | Special (30S) |
| Termination Report (TER) | t Election | n on | Y = Y = Y | in the State of |
| 5. Covering Period 1 | | through 12 | | 012 |
| I certify that I have examined t | his Report and to the best of | my knowledge and belief it is to | rue, correct and compl | ete. |
| Type or Print Name of Treasure | er Mr. Mike Stinson | | | |
| Signature of Treasurer Mr. | Mike Stinson | [Electronically Filed] | | 25 / 2013 |
| NOTE: Submission of false, error | neous, or incomplete information | may subject the person signing | this Report to the penal | Ities of 2 U.S.C. §437g. |
| Office Use | | | FE | C 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)

27 2012 2012 Report Covering the Period: 12 31 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 14473.57 Beginning of Reporting Period..... 19835.17 49.86 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 14523.43 39004.12 6(a) and 6(c) for Column B)..... 49.65 24530.34 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 14473.78 14473.78 (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. Donninto | COLUMN A | COLUMN B |
|--|---|-----------------------|
| I. Receipts | Total This Period | Calendar Year-to-Date |
| Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 0.00 | 18047.17 |
| (i) Itemized (use Schedule A) | 0.00 | 10047.17 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)▶ | 0.00 | 18047.17 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 1250.00 |
| (such as PACs) | 0.00 | 1250.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | 0.00 | 19297.17 |
| Totals to Line 33, page 5) | 0.00 | 19297.17 |
| Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| All Loans Received | 0.00 | 0.00 |
| All Loans neceived | | 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 | 478.52 |
| Refunds of Contributions Made | 7 7 | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| Other Federal Receipts | 7 7 7 | |
| (Dividends, Interest, etc.) | 49.86 | 59.48 |
| Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| (| 7 | , , , , , , |
| (b) Lovin Funda (from Cabadula HE) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 49.86 | 19835.17 |
| Total Federal Receipts | 40.00 | 40007.17 |
| (subtract Line 18(c) from Line 19)▶ | 49.86 | 19835.17 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----|---|-------------------------------|-----------------------------------|
| 1. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Guionadi Todi to Bato |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | | |
| | Expenditures (c) Total Operating Expenditures | 49.65 | 528.17 |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ | 49.65 | 528.17 |
| | Transfers to Affiliated/Other Party | | |
| | Committees | 0.00 | 0.00 |
| | Federal Candidates/Committees and Other Political Committees | 0.00 | 24000.00 |
| | Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| | Coordinated Party Expenditures | | |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | Loan Repayments Made | 0.00 | 0.00 |
| | Loans Made | 0.00 | 0.00 |
| | Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 2.17 |
| | | | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 2.17 |
| | Other Disbursements | 0.00 | 0.00 |
| | Federal Election Activity (2 U.S.C. §431(20)) | | |
| | (a) Allocated Federal Election Activity | | |
| | (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| | · | 200 | 0.00 |
| | (ii) "Levin" Share(b) Federal Election Activity Paid Entirely | 0.00 | 0.00 |
| | 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 |
| | | | |
| | Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 49.65 | 24530.34 |
| | Table Entrol Birth and a | 7 | 7 7 7 |
| | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | from Line 31) | 49.65 | 24530.34 |

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) | 0.00 | 19297.17 | | | | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 2.17 | | | | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 19295.00 | | | | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 49.65 | 528.17 | | | | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 478.52 | | | | | |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 49.65 | 49.65 | | | | | |

S 17

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | | FOR LINE NUMBER: PAG (check only one) | | | | | AGE | GE 6 OF | | | | |
|--|--|---|-----------------------------------|--|------------------------------------|-------------------------------|--------|-------------------|--------|---------|------|--|--|--|
| •• | | | Detailed Summary Page | | 11a | \vdash | 11b | 110 | | 12 | | | | |
| | y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Physician Insurers Association of | name and a | ddress of any political committee | to so | licit coi | purp | utions | from s | ting c | | | | | |
| A . | Full Name (Last, First, Middle Initial) Physician Insurers Association of America Political Action Committee (PIAAPAC) | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 2275 Research Blvd. Ste. 250 City | Zip Code | | 12 21 2012 Transaction ID : SA17.4789 | | | | | | | | | | |
| | Rockville | State MD | 20850 | | | | | : SA17 Receipt | | | 4 | | | |
| | FEC ID number of contributing federal political committee. Name of Employer | C Coo | 0319319 | | | | , | r PayPa | | 4 | 9.65 | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 49.65 | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address | | | 1 i | M = M | 7 | D | D / | Υ | Y = Y | Y | | | |
| | City | State | Zip Code | | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | Amoun | t or i | Each | Receipi | this | Period | ı | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| С . | Full Name (Last, First, Middle Initial) | | | | Date of | f Red | ceipt | | | | | | | |
| | Mailing Address | | | | | M = M / D = D / Y = Y = Y | | | | | | | | |
| | City | State | Zip Code | | Amount | mount of Each Receipt this Pe | | | | | 1 | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |

49.65

49.65

Other (specify)

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

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

S ľ

| S | CHEDULE B (FEC Form 3X) | | , FOR LINE NUMBER: PAGE 7 OF | | | | | | | | OF | 7 | | |
|------------|--|--|------------------------------|----------------|-----------|-----------------------------|----------------------|-----------|--------------------------|-----------|----------|----------|-----------|--|
| ΙT | EMIZED DISBURSEMENTS | Use separate schedule(s for each category of the | 5) | (checl | k only | one) | | 1 00 | | | | | | |
| | | Detailed Summary Page | | × | 21b 27 | 22 28a | | 23 28b | | 24 28c | 25 29 | | 26 30b | |
| Λ- | ny information copied from such Reports and Staten | nente may not be cold or :: | leed h | N/ 251 | | | DI IV | | | | | utions | 500 | |
| | for commercial purposes, other than using the name | | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| $ \rangle$ | Physician Insurers Association of A | merica Political Ac | ction | Co. | mmi | ttee (P | 'IA/ | APA | C) | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| Α. | PayPal | | | | | | Date of Disbursement | | | | | | | |
| | Mailing Address 2211 North First Street | | 12 21 2012 | | | | | | | | | | | |
| | • | State Zip Code | | | | Trans | sacti | on ID | · SR | 21R 47 | 'an | | | |
| | San Jose Purpose of Disbursement | CA 95131 | | | | Transaction ID : SB21B.4790 | | | | | | | | |
| | Reimbursement for PayPal fees | | | | | Amour | nt of | Each | Disbu | urseme | nt this | s Period | d | |
| | Candidate Name | | С | ategor | y/ | | | - | | 10.05 | | | | |
| | Office Cought: House 5:1 | aant Fari | | Туре | - | | - | 7 | - | 7 | 4 | 9.65 | | |
| | Office Sought: House Disbursen Senate | nent For: Primary General | | | | | | | | | | | | |
| | | Other (specify) ▼ | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) | | | | | Doto | f Die | huroo | mant | | | | | |
| Ь. | | | | | | Date o | | Durse | | | Y Y | V | | |
| | Mailing Address | | | | | | | | | | | | | |
| | City | State Zip Code | | | | | | | | | | | | |
| | Purpose of Disbursement | | | - | \neg | | | | | | | | | |
| | Candidate Name | | | Amour | nt of | Each | Disbu | ırseme | nt this | Perio | b | | | |
| | Candidate Name | | C | ategor Type | 'y/ | | | | | | | | | |
| | Office Sought: House Disbursen | nent For: | | 71 | | | | | | | | | | |
| | | Primary General | | | | | | | | | | | | |
| | President State: District: | Other (specify) ▼ | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | | | | | | Date of | of Dis | sburse | ment | | | | | |
| | Mailing Address | | | | \dashv | M = M | / | D | D / | Y | Y Y | Y | | |
| | | | | | | | | | | | | | | |
| | City | State Zip Code | | | | | | | | | | | | |
| | Purpose of Disbursement | | | | | | | | | | | | | |
| | | | | | | Amour | nt of | Each | Disbursement this Period | | | | | |
| | Candidate Name | | Category/ Type | | | | | | | | | | | |
| | Office Sought: House Disbursen | nent For: | | . y p c | | | | 7 | | 7 | | | _ | |
| | | Primary General | | | | | | | | | | | | |
| | | Other (specify) ▼ | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | _ | |
| s | SUBTOTAL of Disbursements This Page (optional) | | | | | | | | | | 4 | 9.65 | 1 | |
| H | | | | | | - | = | | ÷ | 7 | | 2.05 | Ħ | |
| т | OTAL This Period (last page this line number only) | | | | • | | | 7 | | , | 4 | 9.65 | ┛ | |