

# 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 American Political Action Committee

ADDRESS (number and street) 2275 Research Boulevard Ste. 250 Rockville MD 20850-6213

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 2014

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. Brian K. Atchinson

Signature of Treasurer Mr. Brian K. Atchinson [Electronically Filed] Date 12 / 01 / 2014

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Physician Insurers Association of American Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="28924.50"/>	<input type="text" value="28924.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26541.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16695.74"/>	<input type="text" value="17312.97"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43237.47"/>	<input type="text" value="46237.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1360.45"/>	<input type="text" value="4360.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41877.02"/>	<input type="text" value="41877.02"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Physician Insurers Association of American Political Action Committee**

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).....	13950.00	14550.00
(ii) Unitemized .....	1995.00	1995.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15945.00	16545.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	750.00	750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16695.00	17295.00
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	16.55
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.74	1.42
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))..... ▶	16695.74	17312.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16695.74	17312.97

**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 .....	360.45	360.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	360.45	360.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	4000.00
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)) ..	1360.45	4360.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1360.45	4360.45

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16695.00	17295.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16695.00	17295.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	360.45	360.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	16.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	360.45	343.90

**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 22
	<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	

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 American Political Action Committee**

**A. Mr. Brian K. Atchinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13209 Moran Dr  
 City North Potomac State MD Zip Code 20878-3924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PIAA Occupation 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  
 04 / 25 / 2014  
**Transaction ID : ACA3824DD8D6A4FD78E8**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Jack J. Beller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4423 Ridgeline Dr  
 City Norman State OK Zip Code 73072-1789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PLICO Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2014  
**Transaction ID : ABE02998BDCE745D8A7A**  
 Amount of Each Receipt this Period  
 300.00

**C. Ms. Jeanne H. Braun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9007  
 City Roslyn State NY Zip Code 11576-9007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physicians' Reciprocal Insurers Occupation Executive Vice President  
 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 / 12 / 2014  
**Transaction ID : AA8BF729B1F5D47CC84F**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 22
	<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 American Political Action Committee**

**A. Mr. Bill Burgess**  
Full Name (Last, First, Middle Initial)  
Mailing Address 713 Kersey Rd  
City Silver Spring State MD Zip Code 20902-3054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PIAA Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014  
**Transaction ID : ABD878B25E7A14A6F89D**  
Amount of Each Receipt this Period  
600.00

**B. Dr. James F. Carland III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2602 E Thomas Rd  
City Phoenix State AZ Zip Code 85016-8202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MICA Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2014  
**Transaction ID : A791EBD6C43E14847877**  
Amount of Each Receipt this Period  
500.00

**C. Dr. Theodore J. Clarke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25149 US Highway 40  
City Golden State CO Zip Code 80401-9347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer COPIC Insurance Occupation Chairman of the Board  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2014  
**Transaction ID : A01FEDBF60F8E439AB0A**  
Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<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 8 OF 22
	<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 American Political Action Committee**

**A. Dr. Fabiola Cobarrubias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Ord St  
 City San Francisco State CA Zip Code 94114-1415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORCAL Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 14 / 2014**  
**Transaction ID : A443DDAB9DDC340799FC**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Patricia A. Dailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Trousdale Dr  
 City Burlingame State CA Zip Code 94010-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORCAL Mutual Insurance Company Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : AB117A327658344A0AD4**  
 Amount of Each Receipt this Period **300.00**

**C. Mr. M. Walt Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2602 E Thomas Rd  
 City Phoenix State AZ Zip Code 85016-8202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MICA Occupation Insurance Exec  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 29 / 2014**  
**Transaction ID : A9EB01FBAC8464159A70**  
 Amount of Each Receipt this Period **250.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<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 American Political Action Committee**

**A. Dr. Lewis N. Estabrooks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2319 Andalusia Way NE  
 City Saint Petersburg State FL Zip Code 33704-3535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OMSNIC 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  
 04 / 12 / 2014  
**Transaction ID : AE5C24C6396754A08AE2**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Gloria H. Everett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 Oak Rd  
 City Walnut Creek State CA Zip Code 94597-2092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Mutual RRG Inc 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 / 06 / 2014  
**Transaction ID : A7E406BFED2324E48BD4**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Gregg L. Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Arch St Cove 101  
 City Boston State MA Zip Code 02110-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Professional Mutual Insurance Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2014  
**Transaction ID : A832C289DFE8E4A44BA5**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 10 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 American Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr. Donald W. Hatton</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014 <b>Transaction ID : A5B8A4CBD24C84C25910</b>
Mailing Address 404 Maine St		Amount of Each Receipt this Period 250.00
City Lawrence	State KS	Zip Code 66044-1361
FEC ID number of contributing federal political committee. C	Name of Employer KAMMCO	
Occupation Chairman of the Board		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Katrina M. Hood</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2014 <b>Transaction ID : AE43C20D66E164A8589E</b>
Mailing Address PO Box 1065		Amount of Each Receipt this Period 250.00
City Brentwood	State TN	Zip Code 37024-1065
FEC ID number of contributing federal political committee. C	Name of Employer Pediatric & Adolescent Assoc.	
Occupation Physician		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Carl T. Hook</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2014 <b>Transaction ID : AB9302C02F90941C28BD</b>
Mailing Address PO Box 1838		Amount of Each Receipt this Period 600.00
City Oklahoma City	State OK	Zip Code 73101-1838
FEC ID number of contributing federal political committee. C	Name of Employer PLICO	
Occupation CEO		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 22
	<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 American Political Action Committee**

**A. Dr. John Hornby**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 Main St

City Old Saybrook State CT Zip Code 06475-1564

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

Name of Employer Connecticut Medical Insurance Co. Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2014  
**Transaction ID : A1A8515B8173A4995931**

Amount of Each Receipt this Period  
250.00

**B. Ms. Tamara D. Huffman**  
Full Name (Last, First, Middle Initial)

Mailing Address West Virginia Mutual Insurance Com  
500 Virginia Street, East

City Charleston State WV Zip Code 25301-2164

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

Name of Employer WV Mutual Insurance Company Occupation Executive Vice President & Chief Opera

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2014  
**Transaction ID : A2B29AF9C7E1E4F2FBA7**

Amount of Each Receipt this Period  
600.00

**C. Mr. Robert M. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 404 W Parkway PI

City Ridgeland State MS Zip Code 39157-6010

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

Name of Employer Medical Assurance Co. of MS Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2014  
**Transaction ID : A98A9CD0FCECB40D3960**

Amount of Each Receipt this Period  
300.00

<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: (check only one)	PAGE 12 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Physician Insurers Association of American Political Action Committee**

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2014  
**Transaction ID : A138E9B07BA064D6CB5C**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Paul C. McNabb II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1065  
 City Brentwood State TN Zip Code 37024-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of TN Occupation Medical doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : A8B1B04C9FE5346169A8**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. John H. Mize**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1065  
 City Brentwood State TN Zip Code 37024-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SVMIC Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : A9138BFF60E954C6B994**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 13 OF 22
	<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	

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 American Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark D. Odland</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 06 / 2014 <b>Transaction ID : A2D236F6E3F244983913</b>
Mailing Address HCMC-Surgery Dept. 701 Park Ave		Amount of Each Receipt this Period 300.00
City Minneapolis	State MN	Zip Code 55415-1623
FEC ID number of contributing federal political committee. C		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Steve J. Packer</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 12 / 2014 <b>Transaction ID : A84FB89DCBBD64233BF3</b>
Mailing Address 5 Huckleberry Ct		Amount of Each Receipt this Period 250.00
City Monterey	State CA	Zip Code 93940-4147
FEC ID number of contributing federal political committee. C		
Name of Employer Community Hospital of Monterey	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Timothy J. Padovese</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014 <b>Transaction ID : A08AA4EEBDF0C4091B9D</b>
Mailing Address 655 Beach St		Amount of Each Receipt this Period 300.00
City San Francisco	State CA	Zip Code 94109-1342
FEC ID number of contributing federal political committee. C		
Name of Employer OMIC	Occupation President & CEO	
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).....▶	850.00
<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 14 OF 22
	<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 American Political Action Committee**

**A. Mr. William Passolt**  
Full Name (Last, First, Middle Initial)

Mailing Address 6133 North River Road  
Suite 650

City Mundelein State IL Zip Code 60060

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

Name of Employer OMS National Insurance Co. 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 / 15 / 2014

**Transaction ID : AF086C024E0424FA19D2**

Amount of Each Receipt this Period  
600.00

**B. Dr. Rebecca J. Patchin**  
Full Name (Last, First, Middle Initial)

Mailing Address 6215 Bob Galbreath Rd.

City Clinton State WA Zip Code 98236-9527

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

Name of Employer NORCAL Mutual Insurance Company Occupation Director

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 / 15 / 2014

**Transaction ID : A11204D3D1E4743A8901**

Amount of Each Receipt this Period  
250.00

**C. Mr. Kurt Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address 623 SW 10th Ave

City Topeka State KS Zip Code 66612-1615

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

Name of Employer KAMMCO 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 / 09 / 2014

**Transaction ID : A9CA070D5382C4757A38**

Amount of Each Receipt this Period  
250.00

<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 15 OF 22
	<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 American Political Action Committee**

**A. Dr. Andrew Sew Hoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 S Hope St  
 City Los Angeles State CA Zip Code 90071-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014  
**Transaction ID : AC99579F2E3374598AC5**  
 Amount of Each Receipt this Period  
 300.00  
 Aggregate Year-to-Date ▼  
 300.00

**B. Mr. Robert Sheridan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Camelot Drive  
 City Hingham State MA Zip Code 02043-4866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coverys Occupation Board Member  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : A141D944DE0E34864A35**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**C. Dr. Jaan E. Sidorov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PMSLIC Insurance Company  
 1700 Bent Creek Blvd.  
 City Mechanicsburg State PA Zip Code 17050-1870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORCAL Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014  
**Transaction ID : A69FAC0C471884C86A51**  
 Amount of Each Receipt this Period  
 600.00  
 Aggregate Year-to-Date ▼  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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 16 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 American Political Action Committee**

**A. Mr. W. Stancil Starnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 590009  
 City Birmingham State AL Zip Code 35259-0009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProAssurance Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : A4A056990746D414CB55**  
 Amount of Each Receipt this Period  
 600.00

**B. Mr. Michael C. Stinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3006 Bryan St  
 City Alexandria State VA Zip Code 22302-3904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PIAA Occupation Director of Gov't Relations  
 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  
 06 / 10 / 2014  
**Transaction ID : A2F30B248EC50421CA17**  
 Amount of Each Receipt this Period  
 600.00

**C. Dr. Daniel J. Suiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 Country Club Rd  
 City Pratt State KS Zip Code 67124-3125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KAMMCO Occupation Director  
 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 / 15 / 2014  
**Transaction ID : A59830C728D7D426E87A**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<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 17 OF 22
<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 American Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr. James Q. Swift</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2014 <b>Transaction ID : AB82B8126ECDC48748C5</b>
Mailing Address University of Minnesota, Dept. of Moos Tower 7-174		Amount of Each Receipt this Period 250.00
City Minneapolis	State MN	Zip Code 55455
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer OMSNIC	Occupation Chair of Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Phillip Unger</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2014 <b>Transaction ID : AC696946B83494556965</b>
Mailing Address 333 S Hope St		Amount of Each Receipt this Period 300.00
City Los Angeles	State CA	Zip Code 90071-1406
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer CAP	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. R. Austin Wallace</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : A2CB73F1626834AAE8C2</b>
Mailing Address West Virginia Mutual Insurance Com 500 Virginia Street, East		Amount of Each Receipt this Period 300.00
City Charleston	State WV	Zip Code 25301-2164
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer WVMIC	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 18 OF 22
	<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 American Political Action Committee**

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

Mailing Address 655 Beach St

City San Francisco State CA Zip Code 94109-1342

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

Name of Employer 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  
 04 / 30 / 2014  
**Transaction ID : A2B338D08A8D042609C9**

Amount of Each Receipt this Period  
 600.00

**B. Mr. James L. Weidner**  
Full Name (Last, First, Middle Initial)

Mailing Address 333 S Hope St

City Los Angeles State CA Zip Code 90071-1406

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

Name of Employer CAP Occupation 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 / 29 / 2014  
**Transaction ID : AD7B49DEB571641489D7**

Amount of Each Receipt this Period  
 300.00

**C. Dr. Robert L. Wheeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Maplewood Ave

City Ronceverte State WV Zip Code 24970-1334

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

Name of Employer WVMIC Occupation vice chairman

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 / 09 / 2014  
**Transaction ID : A6C8FD348471D4E568E8**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13950.00

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

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

FOR LINE NUMBER: PAGE 19 OF 22  
(check only one)

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

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

**A. The Doctors Company Federal PAC (DOCPAC)**  
Full Name (Last, First, Middle Initial)  
Mailing Address 185 Greenwood Road  
City Napa State CA Zip Code 94558-6270  
FEC ID number of contributing federal political committee. **C** C00300376  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 09 / 2014  
**Transaction ID : A4FB872F1A7504B90B39**  
Amount of Each Receipt this Period  
750.00

**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  
M M / D D / Y Y Y Y Y Y  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Merrill Lynch</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A561E1876EA7D45B0B82</b>
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.22
City Yardley	State PA	Zip Code 19067-5509
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1.11	
		Interest

Full Name (Last, First, Middle Initial) <b>B. Merrill Lynch</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : ABB66A8817F154251BC8</b>
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.21
City Yardley	State PA	Zip Code 19067-5509
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.89	
		Interest

Full Name (Last, First, Middle Initial) <b>C. Merrill Lynch</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : A5B03F3097E36445EA9C</b>
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.31
City Yardley	State PA	Zip Code 19067-5509
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1.42	
		Interest

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.74
<b>TOTAL</b> This Period (last page this line number only).....▶	0.74

**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 American Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : B6914A3C43A8A4505845**

Amount of Each Disbursement this Period

334.35

**B. Aristotle**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : B50ADE5C784A34C09AA1**

Amount of Each Disbursement this Period

26.10

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

360.45

360.45

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 American Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement

Candidate Name

**Rep. David A. Scott**

Office Sought:  House  
 Senate  
 President

State: GA District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : BA29A96835A68407088F**

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00