

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

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

Election on 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 07 / 01 / 2014 through 09 / 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"/>		28924.50
(b) Cash on Hand at Beginning of Reporting Period.....	26541.73	
(c) Total Receipts (from Line 19)	1561.48	18874.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28103.21	47798.95
7. Total Disbursements (from Line 31).....	32354.00	36714.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	-4250.79	11084.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	1200.00	15750.00
(ii) Unitemized	0.00	1995.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1200.00	17745.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1200.00	18495.00
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).....	360.45	377.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.03	2.45
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))..... ▶	1561.48	18874.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1561.48	18874.45

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
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	354.00	714.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	354.00	714.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	36000.00
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)) ..	32354.00	36714.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32354.00	36714.45

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)	1200.00	18495.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1200.00	18495.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	354.00	714.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	360.45	377.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-6.45	337.45

**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 18
	<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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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. Dr. Maryanne Bombaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address One Financial Center
 PO Box 55178
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation Director
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : A77D8747FDF844D7C88C
 Amount of Each Receipt this Period
 600.00
 Aggregate Year-to-Date ▼
 600.00

B. Dr. Maryanne Bombaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address One Financial Center
 PO Box 55178
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation Director
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2014
Transaction ID : AF519B3BF72824A5B853
 Amount of Each Receipt this Period
 600.00
 Aggregate Year-to-Date ▼
 1200.00

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)

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

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. PIAA

Full Name (Last, First, Middle Initial)
Mailing Address 2275 Research Boulevard
Ste. 250
City Rockville State MD Zip Code 20850-6213

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.00**

Date of Receipt
07 / 17 / 2014
Transaction ID : A76FAD48AA33743F691B

Amount of Each Receipt this Period
360.45

Reimbursement of credit card fees

B.

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	360.45
TOTAL This Period (last page this line number only).....▶	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 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 fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2014

Transaction ID : B6630F0BB118B44BEA08

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : B2FA9BC1330234E1FB8E

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

C. Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City Yardley State PA Zip Code 19067-5509

Purpose of Disbursement
Acct. mgmt. fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : BB56C76BA2CFF4156833

Amount of Each Disbursement this Period

300.00

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

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

354.00

354.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. ALEXANDER FOR SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Mailing Address 228 S WASHINGTON STREET SUITE 115

Transaction ID : BEB6DFC4E9D1F482AB6D

City State Zip Code
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

Category/ Type

Candidate Name

Sen. Lamar Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Mailing Address POST OFFICE BOX 582496

Transaction ID : B0E696D1D19C044048CE

City State Zip Code
ELK GROVE CA 95758

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

Category/ Type

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Mailing Address PO BOX 80505

Transaction ID : BCBC49F2B9156499CBD5

City State Zip Code
BATON ROUGE LA 70898

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Candidate Contribution

Category/ Type

Candidate Name

William Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

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

3000.00

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

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**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. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
Candidate Contribution

Candidate Name

Shelley Moore Capito

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : B44C6A7744F4A438D993

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
Candidate Contribution

Candidate Name

Shelley Moore Capito

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : B3E0D4E37FDE64A4B92B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210-0137

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Cathy A. McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : BBF77E6455D114F368E3

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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**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. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Susan M. Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : BEA4D28C43D324B8D84D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address PO BOX 8105

City GLENDALE State AZ Zip Code 85312-8105

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Trent Franks

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : B3FEE94D31E934DC383B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CORY GARDNER FOR SENATE

Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement
Candidate Contribution

Candidate Name

Cory Gardner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : BAA428F0F4F99421A806

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

**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 Contribution

Candidate Name

Rep. David A. Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : B52CD1EEF00304606A13

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Mike B. Enzi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : B46924FBF27014FE1AB7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. James P. Lankford

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : B2DF50055D3554AAD842

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Joe R. Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : B9476F5D315B44AEF831

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Pat J. Toomey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2014

Transaction ID : B25643A0FCAAC4258993

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City HUNTINGTON State WV Zip Code 25711

Purpose of Disbursement
Candidate Contribution

Candidate Name

Evan H Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : BB0E3D56734944543874

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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**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. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
Candidate Contribution

Candidate Name
Joni K Ernst

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : BCF1D181EB0FF45BC9B6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
Candidate Contribution

Candidate Name
Joni K Ernst

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : B18E443C5D96F44E9A01

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024-3750

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B22EB0A840AFF40879EF

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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

Use separate schedule(s)
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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. MCCONNELL SENATE COMMITTEE 14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : B346237E21EAD4949ADA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE 14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : B0C3294A838F9475881B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR US SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : B01B03C08C338406792C

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

Use separate schedule(s)
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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. PETERSON FOR CONGRESS

Mailing Address 26192 FLOYD LAKE POINT ROAD

City State Zip Code
DETROIT LAKES MN 56502

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Collin C. Peterson

Office Sought: House
 Senate
 President
State: MN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B155D6556309743CEB87

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address PO BOX 425

City State Zip Code
ROSWELL GA 30077

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Tom E. Price

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : BD946CCDE8B8045E6BEC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROBERTS FOR U S SENATE COMMITTEE

Mailing Address 110 NORTH MAIN STREET

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
Candidate Contribution

Candidate Name

George B Roberts JR

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : B9901EF1D5ED14F3080D

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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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. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City Laredo State TX Zip Code 78040-4412

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Henry R. Cuellar

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : BC2E86F6AC48C437286A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. THOM TILLIS VICTORY COMMITTEE

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Candidate Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : B4ADB1B2FABC546F0BF0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Tim F. Murphy

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B0B88515298FD40879F4

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

