

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 America Political Action Committee (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd. Ste. 250 Rockville MD 20850

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 [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2011] through [12] / [31] / [2011]

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. Mike Stinson

Signature of Treasurer Mr. Mike Stinson [Electronically Filed] Date [01] / [17] / [2012]

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

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

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="2011"/>	<input type="text" value="9031.86"/>	<input type="text" value="9031.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16331.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3136.96"/>	<input type="text" value="12452.09"/>
(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="19468.95"/>	<input type="text" value="21483.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="300.00"/>	<input type="text" value="2315.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19168.95"/>	<input type="text" value="19168.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

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).....	2830.00	12130.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2830.00	12130.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2830.00	12130.00
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).....	300.00	315.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.96	7.09
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))..... ▶	3136.96	12452.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3136.96	12452.09

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	300.00	300.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	300.00	300.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
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	15.00
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)) ..	300.00	2315.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	300.00	2315.00

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)	2830.00	12130.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2830.00	12130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	300.00	300.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	300.00	315.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-15.00

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 6 OF 13
<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

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 America Political Action Committee (PIAAPAC)

A. Mr. Victor T. Adamo
Full Name (Last, First, Middle Initial)

Mailing Address 1573 Woodbridge Place

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer ProAssurance Corp. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 14 / 2011
Transaction ID : SA11AI.4457

Amount of Each Receipt this Period 600.00

Contribution

B. Mr. Brian Atchinson
Full Name (Last, First, Middle Initial)

Mailing Address 13209 Moran Drive

City North Potomac State MD Zip Code 20878

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

Name of Employer Physician Insurers Assn. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2011
Transaction ID : SA11AI.4453

Amount of Each Receipt this Period 300.00

Contribution

C. Dr. Robert Flowers
Full Name (Last, First, Middle Initial)

Mailing Address 201 Kent Drive

City Dothan State AL Zip Code 36303

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2011
Transaction ID : SA11AI.4458

Amount of Each Receipt this Period 300.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00

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 7 OF 13
<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 America Political Action Committee (PIAAPAC)

A. Charles Hapcook
Full Name (Last, First, Middle Initial)
Mailing Address 60 Brookside Drive
City Longmeadow State MA Zip Code 01160
FEC ID number of contributing federal political committee. **C**
Name of Employer Eastern Dentists Insurance Co. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 07 / 01 / 2011
Transaction ID : SA11AI.4445
Amount of Each Receipt this Period 150.00
PAC contribution

B. Peidi Hong
Full Name (Last, First, Middle Initial)
Mailing Address 402 Garden View Way
City Rockville State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer Director of Accounting Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30.00

Date of Receipt 07 / 01 / 2011
Transaction ID : SA11AI.4439
Amount of Each Receipt this Period 30.00
PAC contribution

C. Michael Houpt
Full Name (Last, First, Middle Initial)
Mailing Address 88 Boseman-Paine Circle
City Madison State MS Zip Code 39110
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Assurance Co. of MS Occupation Insurance executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 07 / 01 / 2011
Transaction ID : SA11AI.4440
Amount of Each Receipt this Period 50.00
PAC contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00
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: PAGE 8 OF 13
(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 America Political Action Committee (PIAAPAC)

A. Dr. William L Medd
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 126
 City State Zip Code
 Norway ME 04268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oxford Hills Internal Medicine Physician
 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
 12 / 30 / 2011
Transaction ID : SA11AI.4467
 Amount of Each Receipt this Period
 300.00
 Contribution

B. Mr. Frank O'Neil
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Stonehaven Place
 City State Zip Code
 Birmingham AL 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SVP-Communication
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2011
Transaction ID : SA11AI.4465
 Amount of Each Receipt this Period
 100.00
 PAC contribution

C. Timothy J Padovese
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Montevideo Way
 City State Zip Code
 San Rafael CA 94903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ophthalmic Mutual Insurance Co Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2011
Transaction ID : SA11AI.4447
 Amount of Each Receipt this Period
 100.00
 PAC contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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: PAGE 9 OF 13
(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 America Political Action Committee (PIAAPAC)

A. William Passolt
 Full Name (Last, First, Middle Initial)
 Mailing Address 172 Knightsbridge Drive
 City State Zip Code
 Mundelein IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OMS National Ins. Co. President
 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
 07 / 12 / 2011
Transaction ID : SA11AI.4449
 Amount of Each Receipt this Period
 300.00
 PAC contribution

B. W. Stancil Starnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 3015 Caterbury Lane
 City State Zip Code
 Birmingham AL 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProAssurance CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2011
Transaction ID : SA11AI.4464
 Amount of Each Receipt this Period
 600.00
 PAC contribution

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

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	2830.00

**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 10 OF 13
<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 America Political Action Committee (PIAAPAC)

A. Full Name (Last, First, Middle Initial)
Physician Insurers Association of America

Mailing Address 2275 Research Blvd., Ste. 250

City Rockville State MD Zip Code 20850

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA15.4461

Amount of Each Receipt this Period
300.00

Reimbursement for acct management expenses

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

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	300.00

**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 11 OF 13
<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 America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial) A. Merrill Lynch		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 Transaction ID : SA17.4455
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 1.25
City Yardley	State PA	Zip Code 19067
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 ▼ 1.38	

Full Name (Last, First, Middle Initial) B. Merrill Lynch		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 Transaction ID : SA17.4456
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 1.21
City Yardley	State PA	Zip Code 19067
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 ▼ 2.59	

Full Name (Last, First, Middle Initial) C. Merrill Lynch		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : SA17.4460
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 1.10
City Yardley	State PA	Zip Code 19067
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 ▼ 3.69	

SUBTOTAL of Receipts This Page (optional).....▶	3.56
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 12 OF 13
<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 America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial)
A. Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4.82**

Date of Receipt
10 / 31 / 2011

Transaction ID : SA17.4462

Amount of Each Receipt this Period
1.13

Interest

Full Name (Last, First, Middle Initial)
B. Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5.92**

Date of Receipt
11 / 30 / 2011

Transaction ID : SA17.4463

Amount of Each Receipt this Period
1.10

Interest

Full Name (Last, First, Middle Initial)
C. Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **7.09**

Date of Receipt
12 / 30 / 2011

Transaction ID : SA17.4469

Amount of Each Receipt this Period
1.17

Interest

SUBTOTAL of Receipts This Page (optional).....▶	3.40
TOTAL This Period (last page this line number only).....▶	6.96

**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 America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial)

A. Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City Yardley State PA Zip Code 19067

Purpose of Disbursement
Account management fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2011

Transaction ID : SB21B.4454

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

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 M	/	D 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)..... ▶

300.00

300.00
