

# 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 [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 [01] / [01] / [2017] through [06] / [30] / [2017]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Atchinson, Brian, K., Mr.,  
Type or Print Name of Treasurer

Signature of Treasurer *Atchinson, Brian, K., Mr.,* [Electronically Filed] Date [07] / [11] / [2017]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		10957.48
(b) Cash on Hand at Beginning of Reporting Period.....	10957.48	
(c) Total Receipts (from Line 19) .....	22600.98	22600.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33558.46	33558.46
7. Total Disbursements (from Line 31).....	563.63	563.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32994.83	32994.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	20100.00	20100.00
(ii) Unitemized .....	1900.00	1900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22000.00	22000.00
(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) .....	22000.00	22000.00
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).....	599.63	599.63
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.35	1.35
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)).....▶	22600.98	22600.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22600.98	22600.98

**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 .....	563.63	563.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	563.63	563.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	563.63	563.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	563.63	563.63

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22000.00	22000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22000.00	22000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	563.63	563.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	599.63	599.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 36.00	- 36.00

**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 26
<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 American Political Action Committee**

**A. Adamo, Victor, T., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Woodridge Pl

City Vestavia	State AL	Zip Code 35216-1657
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Mutual	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2017

**Transaction ID : A19801804B4134166BAC**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Atchinson, Brian, K., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13209 Moran Dr

City North Potomac	State MD	Zip Code 20878-3924
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PIAA	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

**Transaction ID : AEA7BD88E47C241FFB1E**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Bagley, Erin B., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
----------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) General Counsel
--	--

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		03		2017

**Transaction ID : AAD933C16671F43A88A6**

Amount of Each Receipt this Period  
300.00

Memo Item

<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: (check only one)	PAGE 7 OF 26
<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**

**A. Bell, Colin, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3833 Carutm Blvd.

City Dallas	State TX	Zip Code 75225-5216
----------------	-------------	------------------------

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

Name of Employer (for Individual) OMS National Insurance Co.	Occupation (for Individual) Physician
---	--

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	/	17	/	2017

**Transaction ID : A5F8FA5C0A3F24C14B65**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Beretta, Sandra, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 Barbara Way

City Hillsborough	State CA	Zip Code 94010-6760
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NORCAL Mutual Insurance Company	Occupation (for Individual) Secretary of the Norcal Board
--	--

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	/	24	/	2017

**Transaction ID : AFFF20D8B782C46999A0**

Amount of Each Receipt this Period  
600.00

Memo Item

**C. Bombaugh, Maryanne, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Coverys	Occupation (for Individual) 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	/	09	/	2017

**Transaction ID : A3128A1D61D0E4420A7E**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 26
	<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. Bournias, Nicholas, , MD**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 S Old Woodward Ave  
Ste 777

City Birmingham State MI Zip Code 48009-6618

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

Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 27 / 2017

**Transaction ID : AB61A7D7866FB4A9C87F**

Amount of Each Receipt this Period 600.00

Memo Item

**B. Calianos, Theodore A., , Dr., II**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

Name of Employer (for Individual) Coverys Occupation (for Individual) Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2017

**Transaction ID : A0655A740C60046A0874**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Carland, James, F., Dr., III**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MICA Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2017

**Transaction ID : A25721508CF904BF3AB3**

Amount of Each Receipt this Period 500.00

Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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 26
	<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. Clarke, Theodore, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25149 US Highway 40

City Golden	State CO	Zip Code 80401-9347
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COPIC Insurance	Occupation (for Individual) Chairman of the Board
--	--

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		2017

**Transaction ID : AA93E3C1723AA41C580B**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Cobarrubias, Fabiola, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Ord St

City San Francisco	State CA	Zip Code 94114-1415
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NORCAL Mutual Insurance Company	Occupation (for Individual) 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		08		2017

**Transaction ID : ABA758942DDF04530A0F**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dailey, Patricia, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Creekwood Way

City Hillsborough	State CA	Zip Code 94010-6913
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NORCAL Mutual Insurance Company	Occupation (for Individual) Anesthesiologist
--	---

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		10		2017

**Transaction ID : A1F8ACA724C394B2B9C2**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<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 10 OF 26
<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**

**A. Diener, Scott, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 560 Davis St  
 City San Francisco State CA Zip Code 94111-1973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORCAL Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 09 / 2017  
**Transaction ID : AC504FD0E0ED14AB4BFA**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Driscoll, Michael, B., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Starkweather & Shepley Occupation (for Individual) Insurance broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2017  
**Transaction ID : A89F7AD2645CD47C2AEA**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Francis, Hugh, , Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3779 S. Galloway Drive  
 City Memphis State TN Zip Code 38111-6813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memphis Surgery Associates Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 24 / 2017  
**Transaction ID : A9BCC64FB438D45C8A56**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<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 11 OF 26
<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**

**A. Gannon, Alice, H., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6423 Longhouse Ct  
 City San Antonio State TX Zip Code 78238-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORCAL Mutual Insurance Company Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2017  
**Transaction ID : A4273AAA318414F48BF7**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Guyette, Robert, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9741 N 90th Pl  
 City Scottsdale State AZ Zip Code 85258-5096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guyette Facial & Oral Surgery Occupation (for Individual) Oral surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2017  
**Transaction ID : A0259681E52A5476F8E3**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Hanson, Gregg, L., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 25 / 2017  
**Transaction ID : A88F863E14EB74134A1F**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<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 26
<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**

**A. Heisler, Kenneth, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : AC950D4E1B7644811BE8**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Holden, Jeffrey, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 586 Crescent Blvd  
 Apt 404  
 City Glen Ellyn State IL Zip Code 60137-4122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ISMIE Mutual Insurance Co. Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 18 / 2017  
**Transaction ID : A13112F27910D43069F9**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Hood, Katrina, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pediatric & Adolescent Assoc. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 24 / 2017  
**Transaction ID : A312E5FC1597D4A7481B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 26
<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 American Political Action Committee**

**A. Hudec, Wayne, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1065

City Brentwood	State TN	Zip Code 37024-1065
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ozark Surgical Associates	Occupation (for Individual) Surgeon
--	--

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
06	/	09	/	2017

**Transaction ID : A1904C43D2EC1459DA33**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 142 Still Water Run

City Poca	State WV	Zip Code 25159-8976
--------------	-------------	------------------------

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

Name of Employer (for Individual) WV Mutual Insurance Company	Occupation (for Individual) Executive Vice President & Chief Oper
--	--

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	/	05	/	2017

**Transaction ID : AE883139A7E5E451A81C**

Amount of Each Receipt this Period  
600.00

Memo Item

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

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 (for Individual) Medical Assurance Co. of MS	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2017

**Transaction ID : A6E302B7185BA4EA59D5**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<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 26
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Langlois, Stephen J., , Mr.,</b>			Date of Receipt
Mailing Address One Financial Center 675 Atlantic Avenue			<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Boston	State MA	Zip Code 02111-2621	<b>Transaction ID : ADEDCF8566C3D4EA5AD</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Coverys		Occupation (for Individual) VP, Actuary	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lavoie, Frank, , Dr.,</b>			Date of Receipt
Mailing Address 37 Sunnyfield Ln			<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Cumberland Center	State ME	Zip Code 04021-3529	<b>Transaction ID : A4268068D42404E1D81E</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Medical Mutual Insurance Co. of ME		Occupation (for Individual) President/CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lerner, Alexander, , Mr.,</b>			Date of Receipt
Mailing Address 964 Sheridan Road			<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Glencoe	State IL	Zip Code 60022-1344	<b>Transaction ID : A1D84EBA53583419FA36</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="600.00"/>
Name of Employer (for Individual) ISMIE Mutual Insurance Co.		Occupation (for Individual) Executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 26
<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**

**A. Lytle, John, O., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SWVMIC	Occupation (for Individual) Surgeon
---	--

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	/	25	/	2017

**Transaction ID : A7FCCB4CB49F14B66BB9**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Malpiedi, Ronald, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual Insurance Co. of AZ	Occupation (for Individual) Insurance Executive
---	--

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	/	04	/	2017

**Transaction ID : AB4706D9079FA44AE8D0**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Marley, Ed, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual Insurance Company of Arizona	Occupation (for Individual) CFO
--	------------------------------------

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	/	04	/	2017

**Transaction ID : A4690CBA99C7F4CD6B23**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<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 16 OF 26
<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**

**A. Murphy, Joseph, G., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

Name of Employer (for Individual) Coverys Occupation (for Individual) COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : A6E4FA41B1444483ABA1**

Amount of Each Receipt this Period 600.00

Memo Item

**B. O'Neil, Frank, B., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) ProAssurance Occupation (for Individual) Senior Vice-President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 06 / 2017  
**Transaction ID : AE51217ED69EA41348A0**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Padovese, Timothy, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) OMIC Occupation (for Individual) President & CEO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2017  
**Transaction ID : A0318C649F5E343F5B49**

Amount of Each Receipt this Period 300.00

Memo Item  
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 17 OF 26
<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**

**A. Passolt, William, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6133 N River Rd  
Ste 650

City Rosemont	State IL	Zip Code 60018-5173
------------------	-------------	------------------------

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

Name of Employer (for Individual) OMS National Insurance Co.	Occupation (for Individual) 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	/	13	/	2017

**Transaction ID : A8B24A1143FBA4E81994**

Amount of Each Receipt this Period  
600.00

Memo Item

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

Mailing Address PO Box 842

City Clinton	State WA	Zip Code 98236-0842
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NORCAL Mutual Insurance Company	Occupation (for Individual) 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	/	25	/	2017

**Transaction ID : A81062C6DA7DA4C6F9FE**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Scott, Kurt, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) KAMMCO	Occupation (for Individual) 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	/	11	/	2017

**Transaction ID : AFC4D2F1946734CB1BCB**

Amount of Each Receipt this Period  
250.00

Memo Item

<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 18 OF 26
	<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. Scott, Kurt, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) KAMMCO Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 16 / 2017  
**Transaction ID : A4A36A9D9EC904189832**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Sheridan, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Camelot Dr  
 City Hingham State MA Zip Code 02043-4866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : A44B4899575564CFF94A**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Sidorov, Jaan, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 413 Village Way  
 City Harrisburg State PA Zip Code 17112-8849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORCAL Occupation (for Individual) Chairman of the Board  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 28 / 2017  
**Transaction ID : ADAADB076E2514EACB1E**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 19 OF 26
<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**

**A. Spina, Anthony, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6133 N River Rd  
Ste 650

City Rosemont State IL Zip Code 60018-5173

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

Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 24 / 2017**

**Transaction ID : AAA620DF65F6B4F56A96**

Amount of Each Receipt this Period 600.00

Memo Item

**B. Starnes, W. Stancil, Stancil, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) ProAssurance Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 04 / 2017**

**Transaction ID : A496A89BD3E5E4A89977**

Amount of Each Receipt this Period 600.00

Memo Item

**C. Steinmann, Charles, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CAP Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 27 / 2017**

**Transaction ID : AC1847438F01A4839908**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 20 OF 26
	<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	<input type="checkbox"/> 17

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

**A. Stinson, Michael, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) PIAA	Occupation (for Individual) Vice President
---	---

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	/	12	/	2017

**Transaction ID : A4FFB88D9215C4D3BA60**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Swift, James, Q., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address University of Minnesota, Dept. of Moos Tower 7-174

City Minneapolis	State MN	Zip Code 55455
---------------------	-------------	-------------------

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

Name of Employer (for Individual) OMSNIC	Occupation (for Individual) Chair of Board
---	---

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
05	/	24	/	2017

**Transaction ID : ADD4B0F5400AA4CC6B23**

Amount of Each Receipt this Period  
600.00

Memo Item

**C. Synovec, Mark, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 SW 10th Ave

City Topeka	State KS	Zip Code 66604-1301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KAMMCO	Occupation (for Individual) Board Member
---	---

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	/	01	/	2017

**Transaction ID : A0EF770710CFF4BA4975**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 21 OF 26
	<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	<input type="checkbox"/> 17

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

**A. Unger, Phillip, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CAP	Occupation (for Individual) Board Member
--	---

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	/	28	/	2017

**Transaction ID : A11664DDCB2FA484185F**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Wallace, Austin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) WVMIC	Occupation (for Individual) 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
05	/	09	/	2017

**Transaction ID : AFF731CD1076E4C959C0**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Wicks, Brian, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 91220

City Seattle	State WA	Zip Code 98111-9320
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Physician Insurance, A Mutual Company	Occupation (for Individual) Past Board Chair
--	---

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	/	15	/	2017

**Transaction ID : AAEDF0ED10F7B460F833**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<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 22 OF 26
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zorola, Jose, R., Mr.,**

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

Name of Employer (for Individual) Coverys Occupation (for Individual) Chief Underwriting Officer

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 / 18 / 2017

**Transaction ID : A8E403D081BB14F02BC1**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	20100.00

**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 23 OF 26
<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 checked="" 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. PIAA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 Research Blvd  
Ste 250

City Rockville State MD Zip Code 20850-6213

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.75

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2017

**Transaction ID : AED5E94372EEE4187916**

Amount of Each Receipt this Period  
195.75

Memo Item  
Reimbursement of credit card processing fees

**B. PIAA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 Research Blvd  
Ste 250

City Rockville State MD Zip Code 20850-6213

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
599.63

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2017

**Transaction ID : A3BFFDD085613490D92A**

Amount of Each Receipt this Period  
367.88

Memo Item  
Credit card fees

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	563.63
<b>TOTAL</b> This Period (last page this line number only).....	563.63

**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"/> 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 Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	5		2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : B842790F9B4**

Amount of Each Disbursement this Period

[REDACTED] 81.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	9		2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : B8B7EBD45F**

Amount of Each Disbursement this Period

[REDACTED] 99.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	2		2	0	1	7		

FEC Identification Number

C [REDACTED]

**Transaction ID : B1897ABA54**

Amount of Each Disbursement this Period

[REDACTED] 40.50

Memo Item

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

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

[REDACTED] 220.50

[REDACTED]



**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"/> 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 Ave 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) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B4C2CBABA**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave 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) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : BD1D3D3B94**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave 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) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B43618428F1**

Amount of Each Disbursement this Period

Memo Item

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : B1CF2B55CE**

Amount of Each Disbursement this Period

38.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	1	7		

FEC Identification Number

**C**

**Transaction ID : B7345AA2D6I**

Amount of Each Disbursement this Period

27.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

<input type="text"/>	65.25
<input type="text"/>	367.88