

**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

☐ Check if different than previously reported. (ACC)

Rockville

MD

20850-6213

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 M /

D D D /

Y Y 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 M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Physician Insurers Association of American Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		10957.48
(b) Cash on Hand at Beginning of Reporting Period.....	32994.83	
(c) Total Receipts (from Line 19)	4698.80	27299.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37693.63	38257.26
7. Total Disbursements (from Line 31).....	2374.25	2937.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	35319.38	35319.38
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. 05/2016)

Page 3

Write or Type Committee Name

Physician Insurers Association of American Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	7		

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).....	1500.00	21600.00
(ii) Unitemized	300.00	2200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1800.00	23800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4300.00	26300.00
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).....	374.25	973.88
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	24.55	25.90
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))	4698.80	27299.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4698.80	27299.78

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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	374.25	937.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	374.25	937.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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)) ..	2374.25	2937.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2374.25	2937.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	4300.00	26300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4300.00	26300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	374.25	937.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	374.25	973.88
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	- 36.00

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

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

FOR LINE NUMBER: PAGE 6 OF 12

(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

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

A. Everett, Gloria, H., Ms.,

Mailing Address 3000 Oak Rd

City
Walnut Creek

State
CA

Zip Code
94597-2092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Mutual RRG Inc

Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2017

Transaction ID : A3C05F3B4A7044338B06

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Funderburk, Joseph, V., Mr., III

Mailing Address 113 Cyrus Pt

City
Charleston

State
WV

Zip Code
25314-2288

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wvmin

Occupation (for Individual)
Bd mem

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
08 / 01 / 2017

Transaction ID : A5F00E45B434342DBB5E

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Mize, John, H., Mr.,

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)
SVMIC

Occupation (for Individual)
President & 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
08 / 01 / 2017

Transaction ID : ACF3ED8BC4F87468C9DF

Amount of Each Receipt this Period

600.00

☐ Memo Item

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: PAGE 7 OF 12
(check only one)

<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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Perkins, Matthew, L., Dr.,</p>		<p>Date of Receipt</p> <p>09 / 13 / 2017</p> <p>Transaction ID : A8EC86476CD484529AF2</p>	
<p>Mailing Address PO Box 1065</p>		<p>Amount of Each Receipt this Period</p> <p>300.00</p>	
<p>City</p> <p>Brentwood</p>	<p>State</p> <p>TN</p>	<p>Zip Code</p> <p>37024-1065</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>SVMIC</p>		<p>Occupation (for Individual)</p> <p>Board of Directors</p>	
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B.</p>		<p>Date of Receipt</p> <p>09 / 13 / 2017</p>	
<p>Mailing Address</p>		<p>Amount of Each Receipt this Period</p> <p>300.00</p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p>		<p>Occupation (for Individual)</p>	
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C.</p>		<p>Date of Receipt</p> <p>09 / 13 / 2017</p>	
<p>Mailing Address</p>		<p>Amount of Each Receipt this Period</p> <p>300.00</p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p>		<p>Occupation (for Individual)</p>	
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>300.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>1500.00</p>	

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 12

☐ 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

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

A. The Doctors Company Federal PAC (DOCPAC)

Mailing Address 185 Greenwood Road

City
Napa

State
CA

Zip Code
94558-6270

FEC ID number of contributing
federal political committee.

C C00300376

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 03 / 2017

Transaction ID : A0B4A13AC28E946779E2

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B.

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

2500.00

2500.00

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 9 OF 12

☐ 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

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

A. PIAA

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 ▼

653.63

Date of Receipt

MM / DD / YYYY
08 / 09 / 2017

Transaction ID : A3D70990F9D234AFB835

Amount of Each Receipt this Period

54.00

☐ Memo Item

Credit card fees reimbursement

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

B. PIAA

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 ▼

967.13

Date of Receipt

MM / DD / YYYY
10 / 17 / 2017

Transaction ID : A271807B3E42345BE821

Amount of Each Receipt this Period

313.50

☐ Memo Item

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

C. PIAA

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 ▼

973.88

Date of Receipt

MM / DD / YYYY
12 / 22 / 2017

Transaction ID : AED79719F44334E91B53

Amount of Each Receipt this Period

6.75

☐ Memo Item

Credit card processing fee

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

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

374.25

374.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<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
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

FEC Identification Number

C **Transaction ID : BAB5953608**

Amount of Each Disbursement this Period

 54.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

FEC Identification Number

C **Transaction ID : B05E5FD979f**

Amount of Each Disbursement this Period

 13.50☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

FEC Identification Number

C **Transaction ID : BB442DB17f**

Amount of Each Disbursement this Period

 6.75☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 74.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

<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. Merrill LynchMailing Address 1040 Stony Hill Rd
Ste 1050City
YardleyState
PAZip Code
19067-5509Purpose of Disbursement
Acct. mgmnt. fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

FEC Identification Number

C

Transaction ID : B99E1F2A81

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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).....▶

300.00

374.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City
CASPERState
WYZip Code
82605Purpose of Disbursement
Campaign contribution

Candidate Name

Barrasso, John, A., Sen.,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: WY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	2	3		2	0	1	7		

FEC Identification Number

C C00436386

Transaction ID : B6E224DA2A

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City
ConcordState
NCZip Code
28027-1500Purpose of Disbursement
Campaign contribution

Candidate Name

Hudson, Richard, L., Rep., Jr.

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: NC

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	2	3		2	0	1	7		

FEC Identification Number

C C00504522

Transaction ID : B09CFE80261

Amount of Each Disbursement this Period

1000.00

☐ 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).....▶

2000.00

2000.00