

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

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

FOR LINE NUMBER: PAGE 12 OF 26

(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. Heisler, Kenneth, A., Dr.,**
 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

 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2017

Transaction ID : AC950D4E1B7644811BE8

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Holden, Jeffrey, , Mr.,**
 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

 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2017

Transaction ID : A13112F27910D43069F9

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

**C. Hood, Katrina, M., Dr.,**

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 &amp; Adolescent Assoc.

Occupation (for Individual)

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  
 05 / 24 / 2017

Transaction ID : A312E5FC1597D4A7481B

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1200.00

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