STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: ☐ (Check if name is changed)
ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

2. DATE
June 1, 1999

(b) Number and Street Address ☒ (Check if address is changed)
8450 Agua Cove Lane

3. FEC Identification Number
C00041590

(c) City, State and ZIP Code
North Fort Myers, Florida 33903

4. Is This Report An Amendment? ☒ YES ☐ NO

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 1 8 21 AM '99

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☐ (e) This committee is a separate segregated fund.

☒ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
ASSOCIATION OF AMERICAN PHYSICIAN AND SURGEONS	1601 N. Tucson Blvd. Ste 9 Tucson, Arizona 85716	connected

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☒ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
James F. Coy, MD	944-997-8458 8450 Agua Cove Lane/North Fort Myers, Florida 33903	Assistant Treasurer

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
R. Lowell Campbell, M.D.	219 W. 6th Avenue Corsicana, Texas 75110	Treasurer

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
First Community Bank of Orange City	P.O. Box 740278 Orange City, Florida 32774-0278

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
R. Lowell Campbell, M.D.	R. Lowell Campbell MD	7-28-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEBAN121

FEC FORM 1
(revised 4/87)