

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		29486.18
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	28746.74									
(c) Total Receipts (from Line 19)	17440.00	19225.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46186.74	48711.18								
7. Total Disbursements (from Line 31)	13774.02	16298.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32412.72	32412.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)										
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)										

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

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)	11235.00	12220.00
(ii) Unitemized	6205.00	7005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17440.00	19225.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17440.00	19225.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17440.00	19225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17440.00	19225.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures.....	8239.02	8263.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8239.02	8263.46
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditure (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		5535.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	5535.00	5535.00
29. Other Disbursements.....		2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13774.02	16298.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13774.02	16298.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	17440.00	19225.00
34. Total Contribution Refunds (from Line 28(d))	5535.00	5535.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11905.00	13690.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8239.02	8263.46
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8239.02	8263.46

**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 / 24
	<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	

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)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Mikki Barker

Mailing Address P.O. Box 16167

City State Zip Code
Fairbanks AK 99716

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11Ai-CN2323

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jon Botts

Mailing Address 4322 Marquette Drive

City State Zip Code
Mobile AL 36608

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11Ai-CN2326

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert A. Donovan, M.D.

Mailing Address 6859 Zerillo Dr

City State Zip Code
Riverbank CA 95367

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

Name of Employer Self Occupation
Self Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11Ai-CN2437

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 / 24
(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

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Daniel Einhorn, D.O.

Mailing Address 1134 University Avenuesuite 1 E
10

City State Zip Code
Mesa AZ 85203

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

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2009

Transaction ID: SA11Ai-CN2287

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City State Zip Code
Roxboro NC 27573

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

Name of Employer person Emergency Physi- Occupation Physician
cians

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: SA11Ai-CN2441

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City State Zip Code
Roxboro NC 27573

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

Name of Employer person Emergency Physi- Occupation Physician
cians

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: SA11Ai-CN2242

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 8 / 24
	<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)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Kenneth Flowe, M.D.	Date of Receipt MM / DD / YYYY 06 / 17 / 2009
	Mailing Address 18 Wimbledon Dr	Transaction ID: SA11Ai-CN2317
	City State Zip Code Roxboro NC 27573	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer person Emergency Physicians	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. Joseph C. Gallagher, D.O.	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 323 Warner Rd	Transaction ID: SA11Ai-CN2245
	City State Zip Code Wayne PA 19087	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Daniel Garza	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 13501 Stowe Rd	Transaction ID: SA11Ai-CN2264
	City State Zip Code Conroe TX 77306	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cleveland Regional Medical Ctr.	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
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 / 24
(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

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.

Full Name (Last, First, Middle Initial)
Antonio Gomes

Mailing Address 12142 McKinnon Road

City State Zip Code
Windermere FL 34786

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 04 / 2009

Transaction ID: SA11Ai-CN2298

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert R. Guion, D.O.

Mailing Address

City State Zip Code
Marina CA 93933

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 04 / 2009

Transaction ID: SA11Ai-CN2297

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Neal Jacobson

Mailing Address 43207 Brown Rd

City State Zip Code
Baker City OR 97814

FEC ID number of contributing federal political committee. C

Name of Employer St. Elizabeth Health Services Occupation
St. Elizabeth Health Services Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 17 / 2009

Transaction ID: SA11Ai-CN2318

Amount of Each Receipt this Period
250.00

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: PAGE 10 / 24
(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

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City Ocala State FL Zip Code 34471

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

Name of Employer Marion Radiology Center Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2009

Transaction ID: SA11Ai-CN2239

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Peter Lamelas, M.D.

Mailing Address 65 Spoonbill Rd

City Lake Worth State FL Zip Code 33462

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

Name of Employer Team Health Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11Ai-CN2263

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
James Macool

Mailing Address 1022 West State Road 436 Ste 1006

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2009

Transaction ID: SA11Ai-CN2289

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Bruce A. Merwin, M.D.
Mailing Address 5130 Manchester Dr
City Zanesville State OH Zip Code 43701
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: 2010 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 05 / 28 / 2009
Transaction ID: SA11Ai-CN2256
Amount of Each Receipt this Period 450.00

B. Full Name (Last, First, Middle Initial)
Celeste Miller-Parish, D.o. Faa
Mailing Address Route 1 Box 113
City Arbela State MO Zip Code 63432
FEC ID number of contributing federal political committee. **C**
Name of Employer Scotland Cnty Memorial Hospital Occupation D.O. FAASS
Receipt For: 2010 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 02 / 2009
Transaction ID: SA11Ai-CN2291
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes, D.O.
Mailing Address 701 West Wedgewood
City Muskegon State MI Zip Code 49445
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: 2010 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 15 / 2009
Transaction ID: SA11Ai-CN2240
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00
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 12 / 24
(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
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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City State Zip Code
Muskegon MI 49445

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

Name of Employer Self Occupation
Self Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: SA11Ai-CN2435

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Vaidy Nathan

Mailing Address 830 Mills Ave N

City State Zip Code
Arcadia FL 34266

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

Name of Employer Self Occupation
Self Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: SA11Ai-CN2249

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Dr. Philip Neustadt, M.D.

Mailing Address 604 Northern Shores Ln

City State Zip Code
Greensboro NC 27455

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

Name of Employer EmCare Occupation
EmCare Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11Ai-CN2244

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 13 / 24
(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

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.

Full Name (Last, First, Middle Initial)
Omar Osmani

Mailing Address 1 Berrendo Meadows Square

City State Zip Code
Roswell NM 88201

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11Ai-CN2325

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michael Paul

Mailing Address 3500 Strawberry Lane

City State Zip Code
Lake Huron MI 48060

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2009

Transaction ID: SA11Ai-CN2288

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
F. Hall Reynolds

Mailing Address 6141 Shallowford Road

City State Zip Code
Chattanooga TN 37421

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

Name of Employer Self Employed Occupation
Chattanooga Skin & Cancer Clinic Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11Ai-CN2292

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 14 / 24
(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

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Anthony P. Russo, D.O.

Mailing Address 695 Townhall Rd W

City Waterford State PA Zip Code 16441

FEC ID number of contributing federal political committee. C

Name of Employer Anesthesia Consultants of Erie Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1770.00

Date of Receipt MM / DD / YYYY
04 / 13 / 2009

Transaction ID: SA11Ai-CN2238

Amount of Each Receipt this Period 785.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan M. Sarracino, M.D.

Mailing Address N84 W19194 Menomonee Ave

City Menomonee Falls State WI Zip Code 53051

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
06 / 27 / 2009

Transaction ID: SA11Ai-CN2438

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Lawrence Stein, M.D.

Mailing Address 4600 Memorial Dr Suite 200

City Belleville State IL Zip Code 62226

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11Ai-CN2258

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1785.00

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 15 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Samuel Tokuyama

Mailing Address 855 Brown Drive

City State Zip Code
Burbank CA 91504

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	0	9

Transaction ID: SA11Ai-CN2246

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Esther B. Walker, D.O.

Mailing Address 12409 Dudley Ct

City State Zip Code
Edmond OK 73013

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

Name of Employer Edmond Medical Center Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

Transaction ID: SA11Ai-CN2293

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kenneth Wallace

Mailing Address 3600 Shady Lane

City State Zip Code
Palm Harbor FL 34683

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

Name of Employer Southeastern Dermatology Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: SA11Ai-CN2257

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 16 / 24
	<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)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) David Watson		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
	Mailing Address 52 Westerville Square Suite 251		Transaction ID: SA11Ai-CN2310
	City Westerville	State OH	Zip Code 43081
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Physician	
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Michael Wheelis		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 16 Wild Turkey Rd		Transaction ID: SA11Ai-CN2332
	City Natchez	State MS	Zip Code 39120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Physician	
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Michael Wheelis		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 16 Wild Turkey Rd		Transaction ID: SA11Ai-CN2241
	City Natchez	State MS	Zip Code 39120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Physician	
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 17 / 24
	(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

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.

Full Name (Last, First, Middle Initial) Michael Wheelis		Date of Receipt
Mailing Address 16 Wild Turkey Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 5 / 2 0 0 9
City	State	Zip Code
Natchez	MS	39120
FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN2433
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 350.00	

B.

Full Name (Last, First, Middle Initial) Michael Wheelis		Date of Receipt
Mailing Address 16 Wild Turkey Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 7 / 2 0 0 9
City	State	Zip Code
Natchez	MS	39120
FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN2316
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/> 11235.00

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)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX629

Date of Disbursement

04 / 03 / 2009

Amount of Each Disbursement this Period

15.40

Credit Card Fee

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

001
Category/
Type

Merchant Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX578

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

4.95

Merchant Fees

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

001
Category/
Type

Merchant Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX580

Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

3.25

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶

23.60

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)

PAGE 19 / 24

<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)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX623 Date of Disbursement 06 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 4.95 <hr/> Credit Card Fee
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX624 Date of Disbursement 06 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 13.99 <hr/> Credit Card Fee
C.	Full Name (Last, First, Middle Initial) Trailblazer Campaign Services <hr/> Mailing Address 5115 Excelsior Blvd Suite 103 <hr/> City Minneapolis State MN Zip Code 55416 <hr/> Purpose of Disbursement Data Entry Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX584 Date of Disbursement 04 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 4650.00 <hr/> Data Entry

SUBTOTAL of Disbursements This Page (optional) ▶	4668.94
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX585 Date of Disbursement 04 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 2.83 <hr/> Bank Fees
B.	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX582 Date of Disbursement 05 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 3.37 <hr/> Bank Fees
C.	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX620 Date of Disbursement 06 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 1.30 <hr/> Office Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

7.50

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)

PAGE 21 / 24

<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)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX621 Date of Disbursement 06 / 10 / 2009
	Mailing Address 500 N Westshore Blvd Suite 100 City Tampa State FL Zip Code 33609 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 4.50 Office Expenses
B.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX622 Date of Disbursement 06 / 10 / 2009
	Mailing Address 500 N Westshore Blvd Suite 100 City Tampa State FL Zip Code 33609 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 34.48 Office Expenses

SUBTOTAL of Disbursements This Page (optional) ►

38.98

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

4739.02

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)

PAGE 22 / 24

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) Zach Wamp For Governor <hr/> Mailing Address P.O. Box 23748 <hr/> City State Zip Code Chattanooga TN 37422 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX583 Date of Disbursement 04 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Political Contributions
B.	Full Name (Last, First, Middle Initial) Bob McCann Campaign <hr/> Mailing Address 11523 Palm Brush Trail #111 <hr/> City State Zip Code Lakewood Ranch FL 34202 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX581 Date of Disbursement 05 / 13 / 2009 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Political Contributions
C.	Full Name (Last, First, Middle Initial) Joe Negron Campaign <hr/> Mailing Address 1111 SE Federal Highway #116 <hr/> City State Zip Code Stuart FL 34994 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX577 Date of Disbursement 06 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Political Contributions

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

3500.00

**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)

PAGE 23 / 24

<input 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 checked="" 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)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

AAPS General Fund

Mailing Address 5550 W Executive Dr
Suite 400

City Tampa State FL Zip Code 33609

Purpose of Disbursement
Contribution Ref to Corporation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28a-CR23

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

5535.00

see MUR 6326

SUBTOTAL of Disbursements This Page (optional)

5535.00

TOTAL This Period (last page this line number only)

5535.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 / 24	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aaron Bean Campaign			Nature of Debt (Purpose): Invoice: Political Contributions
Mailing Address 305 Bonnieview Rd			
City Fernandina Beach	State FL	ZIP Code 32034	

Outstanding Balance Beginning This Period		Transaction ID: SD9-INV364	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	