

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAG)

ADDRESS (number and street) 5550 W. Executive Drive Suite 400 Tampa FL 33609 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00331017 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Dr. Stephen A. Montes, D.O.

Signature of Treasurer Electronically Filed by Dr. Stephen A. Montes, D.O. Date 03 28 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

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" style="display: inline-table; border-collapse: collapse;"><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 .....	32232.02									
(c) Total Receipts (from Line 19) .....	16064.00	38179.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48296.02	67665.18								
7. Total Disbursements (from Line 31) .....	4599.29	23968.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43696.73	43696.73								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....										
10. Debts and Obligations owed <b>BY</b> 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: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	14010.00	28180.00
(ii) Unitemized .....	2054.00	9999.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16064.00	38179.00
(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) .....	16064.00	38179.00
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)) .....	16064.00	38179.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16064.00	38179.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures.....	4599.29	12933.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4599.29	12933.45
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		3000.00
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
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))..	4599.29	23968.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4599.29	23968.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	16064.00	38179.00
34. Total Contribution Refunds (from Line 28(d)) .....		5535.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16064.00	32644.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4599.29	12933.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4599.29	12933.45

**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 / 30
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jonathan Adelberg		Date of Receipt
	Mailing Address 2189 Driftwood Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Palm Beach Gardens	FL	33410
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11Ai-CN2407
Name of Employer Okeechobee Emergency Physicians Inc.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan Adelberg		Date of Receipt
	Mailing Address 2189 Driftwood Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Palm Beach Gardens	FL	33410
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11Ai-CN2412
Name of Employer Okeechobee Emergency Physicians Inc.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 600.00	<input type="text"/> 100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan Adelberg		Date of Receipt
	Mailing Address 2189 Driftwood Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Palm Beach Gardens	FL	33410
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11Ai-CN2419
Name of Employer Okeechobee Emergency Physicians Inc.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 700.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 30  
(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)  
Robert Agresti

Mailing Address 1 Mount Prospect Avenue

City State Zip Code  
Verona NJ 07044

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 ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2413

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Agresti

Mailing Address 1 Mount Prospect Avenue

City State Zip Code  
Verona NJ 07044

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 ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2422

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Dennis A. Barraco, D.O.

Mailing Address 34522 Scottsdale Rd N Suite D-8 614

City State Zip Code  
Scottsdale AZ 85262

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  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2372

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 560.00

**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 / 30
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey J. Bernstein, M.D.		Date of Receipt
	Mailing Address 2723 Moores Valley Dr		<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
	City	State	Zip Code
	Baltimore	MD	21209
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN2366
Name of Employer ODEPA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Jon Botts		Date of Receipt
	Mailing Address 4322 Marquette Drive		<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
	City	State	Zip Code
	Mobile	AL	36608
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN2401
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) William Carpenter		Date of Receipt
	Mailing Address N16147 Island Lake Road		<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
	City	State	Zip Code
	Park Falls	WI	54552
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN2369
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 700.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30  
(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. Keith H. Crawford, M.D.

Mailing Address 2421 Broadway

City Paducah State KY Zip Code 42001

FEC ID number of contributing federal political committee. C

Name of Employer Crawford and Hundberg X-Ray  
Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** SA11Ai-CN2392

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory F. Daniel

Mailing Address 6379 Cloverleaf Circle

City East Amherst State NY Zip Code 14051

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 MM / DD / YYYY  
12 / 28 / 2009

**Transaction ID:** SA11Ai-CN2403

Amount of Each Receipt this Period 500.00

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

Mailing Address 6859 Zerillo Dr

City Riverbank State CA Zip Code 95367

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 ▼ 400.00

Date of Receipt MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11Ai-CN2404

Amount of Each Receipt this Period 50.00

**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: (check only one)	PAGE 10 / 30
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Robert A. Donovan, M.D.		Date of Receipt
	Mailing Address 6859 Zerillo Dr		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Riverbank	CA	95367
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11Ai-CN2411
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="50.00"/>
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert A. Donovan, M.D.		Date of Receipt
	Mailing Address 6859 Zerillo Dr		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Riverbank	CA	95367
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11Ai-CN2402
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="50.00"/>
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth Flowe, M.D.		Date of Receipt
	Mailing Address 18 Wimbledon Dr		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Roxboro	NC	27573
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11Ai-CN2406
Name of Employer person		Occupation	Amount of Each Receipt this Period
Emergency Physicians		Physician	<input type="text" value="50.00"/>
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 30  
(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. 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 Physicians  
Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2432

Amount of Each Receipt this Period  
50.00

**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 Physicians  
Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2418

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph C. Gallagher, D.O.

Mailing Address 323 Warner Rd

City State Zip Code  
Wayne PA 19087

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 ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2395

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 12 / 30
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ashraf Hassanein	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 1572 Sherbrook Drive	<b>Transaction ID:</b> SA11Ai-CN2388
	City State Zip Code Clermont FL 34711	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Johnson	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 11611 North 12th Place	<b>Transaction ID:</b> SA11Ai-CN2398
	City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Luke's Medical Center 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>C.</b>	Full Name (Last, First, Middle Initial) Dennis M. Jones	Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 3737 Dover Drive	<b>Transaction ID:</b> SA11Ai-CN2400
	City State Zip Code Mountain Brook AL 35223	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<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: PAGE 13 / 30  
(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)  
Manuel A. Jovel

Mailing Address P.O. Box 450006

City Laredo State TX Zip Code 78045

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 12 / 28 / 2009  
**Transaction ID: SA11Ai-CN2373**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Leslie Kalman, D.o.

Mailing Address 13401 Ware Rd N

City Edinburg State TX Zip Code 78541

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

Name of Employer McAllen Heart Hospital - ER Occupation D.O.

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 22 / 2009  
**Transaction ID: SA11Ai-CN2426**  
 Amount of Each Receipt this Period 500.00

**C.** 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 ▼ 750.00

Date of Receipt 12 / 12 / 2009  
**Transaction ID: SA11Ai-CN2386**  
 Amount of Each Receipt this Period 500.00

**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 14 / 30  
(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)  
Steven Maron

Mailing Address PO Box

City State Zip Code  
Camarillo CA 93011

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

Name of Employer Valley Emergency Physician      Occupation Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

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

**Transaction ID:** SA11Ai-CN2393

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Otto Marquez

Mailing Address 7011 Lakewood Blvd

City State Zip Code  
Dallas TX 75214

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

Name of Employer Emergency Medicine Consultants      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
1	2	/	2	2	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2425

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rebecca M. Martin, D.O.

Mailing Address 10906 Sycamore Hills Dr W

City State Zip Code  
Fort Wayne IN 46804

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

Name of Employer St. Joseph Medical Center      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
1	2	/	1	2	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2387

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 15 / 30
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel McCarthy	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 10 Walter St. #433	<b>Transaction ID:</b> SA11Ai-CN2374
	City State Zip Code Waterville ME 04901	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen A. Montes, D.O.	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address 701 West Wedgewood	<b>Transaction ID:</b> SA11Ai-CN2408
	City State Zip Code Muskegon MI 49445	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen A. Montes, D.O.	Date of Receipt MM / DD / YYYY 11 / 16 / 2009
	Mailing Address 701 West Wedgewood	<b>Transaction ID:</b> SA11Ai-CN2414
	City State Zip Code Muskegon MI 49445	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<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 / 30
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen A. Montes, D.O.		Date of Receipt
	Mailing Address 701 West Wedgewood		<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
	City	State	Zip Code
	Muskegon	MI	49445
	FEC ID number of contributing federal political committee.	<b>C</b>	Transaction ID: SA11Ai-CN2420
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Moyer, D.o.		Date of Receipt
	Mailing Address 77 Paradise Ct		<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
	City	State	Zip Code
	Metamora	MI	48455
	FEC ID number of contributing federal political committee.	<b>C</b>	Transaction ID: SA11Ai-CN2394
Name of Employer Lapeer Family Health Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rafeak Muhammad		Date of Receipt
	Mailing Address 112-14 Liberty Avenue		<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
	City	State	Zip Code
	Richmond Hills	NY	11419
	FEC ID number of contributing federal political committee.	<b>C</b>	Transaction ID: SA11Ai-CN2390
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 30
	<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. Suryakant Z. Patel, M.D.  
Mailing Address 21 2nd St N  
City State Zip Code  
Fulton NY 13069  
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  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9  
Transaction ID: SA11Ai-CN2371  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Quenneville, M.D.  
Mailing Address 700 Partridge Ln  
City State Zip Code  
Eagle Lake TX 77434  
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 ▼  
375.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 9  
Transaction ID: SA11Ai-CN2385  
Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael C. Saltzburg, D.O.  
Mailing Address 9 Blairmont Ter  
City State Zip Code  
Hollidaysburg PA 16648  
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 ▼  
1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9  
Transaction ID: SA11Ai-CN2365  
Amount of Each Receipt this Period  
1000.00

**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 18 / 30  
(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. Susan M. Sarracino, M.D.

Mailing Address N84 W19194 Menomonee Ave

City State Zip Code  
Menomonee Falls WI 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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2423

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald A. Smith

Mailing Address 4212 West Hemlock Avenue

City State Zip Code  
Visalia CA 93277

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

Name of Employer Hanford Com. Medical Center 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 Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2397

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8476 Lakewood Drive

City State Zip Code  
Findlay OH 45840

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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2391

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 19 / 30  
(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. Luis Tizol, M.D.  
Mailing Address 98 Harvest Ln  
City Commack State NY Zip Code 11725  
FEC ID number of contributing federal political committee. **C**  
Name of Employer North Shore Univ. Hospital Occupation Physician  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 12 / 22 / 2009  
Transaction ID: SA11Ai-CN2427  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Margaret C. Vives-Austin, M.D.  
Mailing Address 10006 Chatham Oaks Ct  
City Orlando State FL Zip Code 32836  
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 10 / 19 / 2009  
Transaction ID: SA11Ai-CN2405  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Margaret C. Vives-Austin, M.D.  
Mailing Address 10006 Chatham Oaks Ct  
City Orlando State FL Zip Code 32836  
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 ▼ 600.00  
Date of Receipt 11 / 16 / 2009  
Transaction ID: SA11Ai-CN2416  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00  
**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 20 / 30  
(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. Margaret C. Vives-Austin, M.D.

Mailing Address 10006 Chatham Oaks Ct

City State Zip Code  
Orlando FL 32836

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 ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2417

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City State Zip Code  
Natchez MS 39120

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 ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2409

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City State Zip Code  
Natchez MS 39120

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 ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** SA11Ai-CN2415

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

**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 21 / 30	
	(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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Wheelis		Date of Receipt	
	Mailing Address 16 Wild Turkey Rd		M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11Ai-CN2421
	Natchez	MS	39120	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		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 ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	14010.00

**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 22 / 30

<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)

<b>A.</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 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) ▼	Transaction ID: SB21b-EX603 Date of Disbursement 10 / 19 / 2009 Amount of Each Disbursement this Period 7.48 Credit Card Fee	001 Category/ Type
<b>B.</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 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) ▼	Transaction ID: SB21b-EX612 Date of Disbursement 11 / 16 / 2009 Amount of Each Disbursement this Period 4.95 Credit Card Fee	001 Category/ Type
<b>C.</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 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) ▼	Transaction ID: SB21b-EX613 Date of Disbursement 11 / 18 / 2009 Amount of Each Disbursement this Period 7.48 Credit Card Fee	001 Category/ Type

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

19.91

**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 23 / 30

<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

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX618

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

4.95

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

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX619

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

7.48

Credit Card Fee

C.

Full Name (Last, First, Middle Initial)

Trailblazer Campaign Services

Mailing Address 5115 Excelsior Blvd Suite 103

City Minneapolis State MN Zip Code 55416

Purpose of Disbursement  
Data Entry

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX626

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

100.00

Data Entry

SUBTOTAL of Disbursements This Page (optional) ▶

112.43

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)

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<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 Association Of Physician Specialists Inc

Mailing Address 5505 Executive Dr.

City Tampa State FL Zip Code 33609

Purpose of Disbursement

Candidate Name

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

State: District:

Transaction ID: SB21b-EX614

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

194.90

Office Expenses

**B.** Full Name (Last, First, Middle Initial)  
SunTrust

Mailing Address 500 N Westshore Blvd Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement

Candidate Name

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

State: District:

Transaction ID: SB21b-EX604

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

0.45

Office Expenses

**C.** Full Name (Last, First, Middle Initial)  
SunTrust

Mailing Address 500 N Westshore Blvd Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement

Candidate Name

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

State: District:

Transaction ID: SB21b-EX606

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

1.00

Office Expenses

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

196.35

**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 25 / 30

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) SunTrust  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) ▼	Transaction ID: SB21b-EX607 Date of Disbursement 10 / 13 / 2009  Amount of Each Disbursement this Period 3.62  Office Expenses
<b>B.</b>	Full Name (Last, First, Middle Initial) SunTrust  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) ▼	Transaction ID: SB21b-EX608 Date of Disbursement 10 / 14 / 2009  Amount of Each Disbursement this Period 4.95  Office Expenses
<b>C.</b>	Full Name (Last, First, Middle Initial) SunTrust  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) ▼	Transaction ID: SB21b-EX609 Date of Disbursement 11 / 10 / 2009  Amount of Each Disbursement this Period 0.45  Office Expenses

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

9.02

**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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) SunTrust 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) ▼	<b>Transaction ID:</b> SB21b-EX610 <b>Date of Disbursement</b> 11 / 10 / 2009 Amount of Each Disbursement this Period 1.00 Office Expenses	001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) SunTrust 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) ▼	<b>Transaction ID:</b> SB21b-EX611 <b>Date of Disbursement</b> 11 / 10 / 2009 Amount of Each Disbursement this Period 3.62 Office Expenses	001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) SunTrust 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) ▼	<b>Transaction ID:</b> SB21b-EX615 <b>Date of Disbursement</b> 12 / 10 / 2009 Amount of Each Disbursement this Period 0.45 Office Expenses	001 Category/ Type

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

5.07

**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"/> 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)

<b>A.</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 <span style="float: right;"><input type="text" value="001"/></span> Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX616 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 2 / 1 0 / 2 0 0 9                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1.00</div> <hr/> Office Expenses
<b>B.</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 <span style="float: right;"><input type="text" value="001"/></span> Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX617 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 2 / 1 0 / 2 0 0 9                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">3.62</div> <hr/> Office Expenses
<b>C.</b>	Full Name (Last, First, Middle Initial) PayPal <hr/> Mailing Address 2211 North First Street <hr/> City San Jose State CA Zip Code 95131 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="001"/></span> Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX602 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 0 / 3 0 / 2 0 0 9                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">599.50</div> <hr/> Office Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">604.12</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

**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)

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<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)

West Coast Graphics

Mailing Address 1234 Main Street

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Printing

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX628

Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

1152.39

Printing

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

1152.39

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

2099.29

**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 29 / 30

<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)

Ben Graber For Congress

Transaction ID: SB21b-EX627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

Mailing Address 2929 University Dr.. Ste 200

City State Zip Code  
Coral Springs FL 33065

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Political Contributions

State: District:

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

2500.00
---------

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

2500.00
---------

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 / 30	
	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) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	