

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	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		43696.73
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	28331.91									
(c) Total Receipts (from Line 19)	780.00	10240.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29111.91	53936.73								
7. Total Disbursements (from Line 31)	435.27	25260.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28676.64	28676.64								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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)	780.00	7480.00
(ii) Unitemized		2260.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	780.00	9740.00
(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)	780.00	9740.00
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)		500.00
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))	780.00	10240.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	780.00	10240.00

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.....	435.27	16260.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	435.27	16260.09
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		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements.....		9000.00
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))..	435.27	25260.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	435.27	25260.09

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)	780.00	9740.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	780.00	9740.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	435.27	16260.09
37. Offsets to Operating Expenditures (from Line 15, page 3)		500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	435.27	15760.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Jonathan Adelberg

Mailing Address 2189 Driftwood Circle

City State Zip Code
Palm Beach Gardens FL 33410

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Okeechobee Emergency Physicians Inc. Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	1	0

Transaction ID: SA11Ai-CN2524

Amount of Each Receipt this Period
100.00

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 Occupation
Self Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	1	0

Transaction ID: SA11Ai-CN2525

Amount of Each Receipt this Period
30.00

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 Occupation
Self Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11Ai-CN2523

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) 180.00

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 7 / 11
	<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)
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
Chattanooga Skin & Cancer Clinic

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2010

Transaction ID: SA11Ai-CN2526

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 State Zip Code
Orlando FL 32836

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

Name of Employer
Self

Occupation
Physician

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2010

Transaction ID: SA11Ai-CN2536

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	780.00

**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 Mercant fee Candidate Name 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-EX720 Date of Disbursement 12 / 14 / 2010 Amount of Each Disbursement this Period 4.95 Mercant fee
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
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 merchant fee Candidate Name 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-EX721 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 4.23 merchant fee
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
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 Service fee Candidate Name 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-EX723 Date of Disbursement 12 / 10 / 2010 Amount of Each Disbursement this Period 0.50 Service fee
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

9.68

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)

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 service charge 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-EX724 Date of Disbursement 12 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 0.65 <hr/> service charge
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 service fee 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-EX725 Date of Disbursement 12 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 2.49 <hr/> service fee
C.	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 merchant fee 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-EX722 Date of Disbursement 12 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 59.95 <hr/> merchant fee

SUBTOTAL of Disbursements This Page (optional) ▶	63.09
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 10 / 11

<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)

Holtzman Vogel PLLC

Mailing Address 45 North Hill Dr. Ste100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
legal fee for FEC filing

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX716

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

362.50

legal fee for FEC filing

SUBTOTAL of Disbursements This Page (optional)

362.50

TOTAL This Period (last page this line number only)

435.27

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 / 11	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" 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 Holtzman Vogel PLLC			Nature of Debt (Purpose): Invoice; legal fee for FEC filing Admini
Mailing Address 45 North Hill Dr. Ste100			
City Warrenton	State VA	ZIP Code 20186	

Outstanding Balance Beginning This Period		Transaction ID: SD10-INV581	
362.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	362.50	.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)	