

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) 2296 Henderson Mill Road
Suite 206
 Check if different than previously reported. (ACC)
Atlanta GA 30345

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 05 2002 in the State of GA

5. Covering Period 10 17 2002 through 11 25 2002

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 Stephen A. Montes D.O.

Signature of Treasurer Electronically Filed by Stephen A. Montes D.O. Date 04 16 2007

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

**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
1	7

Y	Y	Y	Y
2	0	0	2

 To:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	2

	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>2</td></tr></table>	Y	Y	Y	Y	2	0	0	2		87796.28
Y	Y	Y	Y							
2	0	0	2							
(b) Cash on Hand at Beginning of Reporting Period	95057.78									
(c) Total Receipts (from Line 19)	950.00	33520.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	96007.78	121316.28								
7. Total Disbursements (from Line 31)	2191.33	27499.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93816.45	93816.45								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00									

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**

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
1	7

Y	Y	Y	Y
2	0	0	2

 To:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	2

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	850.00	27890.00
(i) Itemized (use Schedule A)	100.00	5530.00
(ii) Unitemized	950.00	33420.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	950.00	33420.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	950.00	33520.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	950.00	33520.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	191.33	1499.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	191.33	1499.83
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2000.00	12500.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	13500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2191.33	27499.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2191.33	27499.83

DETAILED SUMMARY PAGE
of Disbursements

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	950.00	33420.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	950.00	33420.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	191.33	1499.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	191.33	1399.83

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<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)

Full Name (Last, First, Middle Initial) A. Adrian L. DeLaTorre, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 2
Mailing Address 42103 Mohave Rose Drive		Transaction ID: SA11Ai-CN1705
City Lancaster	State CA	Zip Code 93536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Ebner, D.O.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 2
Mailing Address 4100 Warrensville Center Road Bldg. B		Transaction ID: SA11Ai-CN1696
City Beachwood	State OH	Zip Code 44122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth Flowe, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 2
Mailing Address 18 Wimbledon Drive		Transaction ID: SA11Ai-CN1699
City Roxboro	State NC	Zip Code 27573
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer person Emergency Physicians	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<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)

Full Name (Last, First, Middle Initial) A. Dr. Peter Lamelas, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 2
Mailing Address 65 Spoonbill Road		Transaction ID: SA11Ai-CN1698
City State Zip Code Lake Worth FL 33462	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Team Health	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jerry R. Majers, D.O.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 2
Mailing Address 6200 SW Vorse Road		Transaction ID: SA11Ai-CN1703
City State Zip Code Auburn KS 66402	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VA	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen McConnell, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 2
Mailing Address 4804 Knollwood Ct		Transaction ID: SA11Ai-CN1702
City State Zip Code Valparaiso IN 46383	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine of Indiana	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 12
	<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. Michael OConnor, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 2	
Mailing Address 845 Jackson Street		Transaction ID: SA11Ai-CN1707	
City State Zip Code San Francisco CA 94133		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Chinese Hospital Occupation Physician			
Receipt For: 2004 <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) Dr. David Pietrasiuk, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 2	
Mailing Address 715 Shipwatch Dr.		Transaction ID: SA11Ai-CN1704	
City State Zip Code Jacksonville FL 32225		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Physician			
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	

C. Full Name (Last, First, Middle Initial) Dr. Michael C. Saltzburg, D.O.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 2	
Mailing Address 9 Blairmont Terrace		Transaction ID: SA11Ai-CN1701	
City State Zip Code Hollidaysburg PA 16648		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Physician			
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 12	
	(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)

A. Full Name (Last, First, Middle Initial)
Dr. Subadra Sivakumaran, M.D.

Mailing Address 4520 North West 33 Court

City	State	Zip Code
Gainesville	FL	32606

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

Name of Employer	Occupation
	Physician

Receipt For: 2002
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: SA11Ai-CN1697

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	850.00

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 10 / 12

<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)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX281

Date of Disbursement

10 / 28 / 2002

Amount of Each Disbursement this Period

9.30

Merchant Charges

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX280

Date of Disbursement

10 / 29 / 2002

Amount of Each Disbursement this Period

4.50

Merchant Charges

Full Name (Last, First, Middle Initial)

C. Discover

Mailing Address P.O. Box 52145

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX284

Date of Disbursement

11 / 04 / 2002

Amount of Each Disbursement this Period

1.28

Merchant Charges

SUBTOTAL of Disbursements This Page (optional) ►

15.08

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)

Full Name (Last, First, Middle Initial)

A. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road
Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX282

Date of Disbursement

11 / 04 / 2002

Amount of Each Disbursement this Period

26.25

Merchant Charge

B. Trailblazer Campaign Services

Mailing Address 5115 Excelsior Blvd
Suite 103

City Minneapolis State MN Zip Code 55416

Purpose of Disbursement
Professional Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX283

Date of Disbursement

11 / 07 / 2002

Amount of Each Disbursement this Period

150.00

Software Support

SUBTOTAL of Disbursements This Page (optional)

176.25

TOTAL This Period (last page this line number only)

191.33

**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 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

Full Name (Last, First, Middle Initial)

A. Manzullo For Congress

Mailing Address 409 Cannon House Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement
Political Contributions

Category/
Type

Candidate Name
Donald Manzullo

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: IL District: 16

Transaction ID: SB23-EX276

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Donald Manzullo House 01 (IL)

Full Name (Last, First, Middle Initial)

B. Smith For Congress

Mailing Address PO Box 3184

City Trenton State NJ Zip Code 08619

Purpose of Disbursement
Political Contributions

Category/
Type

Candidate Name
Chris Smith

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: NJ District: 4

Transaction ID: SB23-EX277

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Chris Smith House 04 (NJ)

SUBTOTAL of Disbursements This Page (optional) ►

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