01/12/2005 10 : 43

# 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

AAPSPAC

ADDRESS (number and street) ▼ — 2295 Henderson Mill Road

Suite 206

Check if different than previously reported. (ACC)

Atlanta — GA — 30345

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00331017

3. IS THIS REPORT — X 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)
- X 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 — in the State of

5. Covering Period 11 23 2004 through 12 31 2004

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 01 12 2005

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

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

**FEC FORM 3X**
(Rev. 02/2003)

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)



Write or Type Committee Name
AAPSPAC

Report Covering the Period: From: 11 23 2004 To: 12 31 2004

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2004 | | 74666.26 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 74463.12 | |
| (c) Total Receipts (from Line 19) ..... | 505.00 | 34822.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 74968.12 | 109510.26 |
| 7. Total Disbursements (from Line 31) ..... | 59.11 | 34581.25 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 74929.01 | 74929.01 |
| 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) ..... | 3000.00 | |

X 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. 02/2003)



Write or Type Committee Name

AAPSPAC

Report Covering the Period: From: 11 23 2004 To: 12 31 2004

| 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) ..... | 450.00 | |
| (ii) Unitemized ..... | 55.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 505.00 | 34020.00 |
| (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) ..... ▶ | 505.00 | 34020.00 |
| 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 | 802.00 |
| 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)) ..... | 505.00 | 34822.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... | 505.00 | 34822.00 |

# 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 | .00 | .00 |
| (ii) Non-Federal Share | .00 | .00 |
| (b) Other Federal Operating Expenditures | 59.11 | 7056.25 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 59.11 | 7056.25 |
| 22. Transfers to Affiliated/Other Party Committees | .00 | .00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | .00 | .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 | 25.00 |
| (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 | 25.00 |
| 29. Other Disbursements | .00 | 27500.00 |
| 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)) | 59.11 | 34581.25 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 59.11 | 34581.25 |

# 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) ..... | 505.00 | 34020.00 |
| 34. Total Contribution Refunds (from Line 28(d)) ..... | .00 | 25.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... | 505.00 | 33995.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 59.11 | 7056.25 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) ..... | .00 | 802.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... | 59.11 | 6254.25 |

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

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
[X] 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)
AAPSPAC

**A.**
Full Name (Last, First, Middle Initial)
Dr. Sheldon L. Kotanick, D.O.
Mailing Address 2627 SE 14th Street
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: 2006
Primary X General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 20 2004
Transaction ID: SA11Ai-CN1936
Amount of Each Receipt this Period: 50.00

**B.**
Full Name (Last, First, Middle Initial)
Dr. Luis E. Muniz, M.D.
Mailing Address 109 Silver Crest Drive
City: Columbia State: SC Zip Code: 29223
FEC ID number of contributing federal political committee: C
Name of Employer: Midlands Emergency Physicians
Occupation: Physician
Receipt For: 2006
Primary X General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 20 2004
Transaction ID: SA11Ai-CN1937
Amount of Each Receipt this Period: 50.00

**C.**
Full Name (Last, First, Middle Initial)
Dr. Margaret C. Vivas-Austin, M.D.
Mailing Address 4832 Rocky Shoals Circle
City: Evans State: GA Zip Code: 30809
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: 2006
Primary X General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 20 2004
Transaction ID: SA11Ai-CN1939
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 150.00

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 7 / 12
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

**A.**
Full Name (Last, First, Middle Initial)
Dr. Robert A. Donovan M.D.
Mailing Address 8859 Zerillo Drive
City: Riverbank State: CA Zip Code: 95367
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: 2006
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 23 2004
Transaction ID: SA11Ai-CN1934
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial)
Jorge L Cambo
Mailing Address 1143 Raintree Place
City: Winter Park State: FL Zip Code: 32789
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: 2006
Primary X General
Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 12 20 2004
Transaction ID: SA11Ai-CN1935
Amount of Each Receipt this Period: 50.00

**C.**
Full Name (Last, First, Middle Initial)
Franklin Harrison
Mailing Address 209 Crossroads Plaza Suite 140
City: Mount Vernon State: IL Zip Code: 62864
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: 2006
Primary X General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 20 2004
Transaction ID: SA11Ai-CN1938
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 300.00

TOTAL This Period (last page this line number only) ..... ▶ 450.00

## 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)

| | | | | | | |
|---|---|---|---|---|---|---|
| [X] 21b | [ ] 22 | [ ] 23 | [ ] 24 | [ ] 25 | [ ] 26 | |
| [ ] 27 | [ ] 28a | [ ] 28b | [ ] 28c | [ ] 29 | [ ] 30b | |



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NAME OF COMMITTEE (In Full)
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
Expenditure

Candidate Name

001
Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
Primary / X General / Other (specify)

Transaction ID: SB21b-EX398
Date of Disbursement
11 / 23 / 2004

Amount of Each Disbursement this Period
5.00

Administrative/Salary/Overhead Expenses

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ..... ▶ | 5.00 |
| TOTAL This Period (last page this line number only) ..... ▶ | 5.00 |

# 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)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☐ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☒ 29 | ☐ 30b |



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NAME OF COMMITTEE (In Full)
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: Expenditure

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President

State: District

Disbursement For: 2006 Primary X General Other (specify)

Transaction ID: SB21b-EX389
Date of Disbursement: 12/06/2004

Amount of Each Disbursement this Period: 5.00

Political Contributions

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

Mailing Address 10705 Red Run Blvd

City: Monkton | State: MD | Zip Code: 21111

Purpose of Disbursement: Expenditure

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President

State: District

Disbursement For: 2006 Primary X General Other (specify)

Transaction ID: SB21b-EX390
Date of Disbursement: 12/02/2004

Amount of Each Disbursement this Period: 49.11

Political Contributions

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 54.11 |
| TOTAL This Period (last page this line number only) ▶ | 54.11 |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)
AAPSPAC

(Use separate schedule(s) for each numbered line)



FOR LINE NUMBER: (check only one)
9
X 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ron Klein Campaign

Nature of Debt (Purpose):
Invoice: Political Contributions

Mailing Address 3333 South Congress Avenue
Suite 305A

City: Delray Beach State: FL ZIP Code: 33445

Outstanding Balance Beginning This Period: 500.00

Transaction ID: SD10-INV116

| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|
| .00 | .00 | 500.00 |

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Skip Campbell Campaign

Nature of Debt (Purpose):
Invoice: Political Contributions

Mailing Address 10094 McNab Road

City: Fort Lauderdale State: FL ZIP Code: 33321

Outstanding Balance Beginning This Period: 500.00

Transaction ID: SD10-INV119

| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|
| .00 | .00 | 500.00 |

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jim King Campaign

Nature of Debt (Purpose):
Invoice: Campaign Contributions Politica

Mailing Address 1914 Tyty Court

City: Tallahassee State: FL ZIP Code: 32308

Outstanding Balance Beginning This Period: 500.00

Transaction ID: SD10-INV107

| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|
| .00 | .00 | 500.00 |

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ..... ▶ | **1500.00** |
| 2) **TOTALS** This Period (last page this line number only) ..... ▶ | |
| 3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶ | |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)
AAPSPAC



(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- 9
- X 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Friends Of Lane Evans

Mailing Address PO Box 5263

City: Rock Island | State: IL | ZIP Code: 61204

Nature of Debt (Purpose):
Invoice: Friend Of Lane Evans House 17 (

Transaction ID: SD10-INV124

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| 1500.00 | .00 | .00 | 1500.00 |

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ..... ▶ | 1500.00 |
| 2) **TOTALS** This Period (last page this line number only) ..... ▶ | 3000.00 |
| 3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶ | |
| 4) **ADD 2)** and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)
AAPSPAC



(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
X 9
10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

Mailing Address P. O. Box 53852

City: Phoenix
State: AZ
ZIP Code: 85072

Nature of Debt (Purpose):
Invoice: Merchant Fees Administrative/Sa

Transaction ID: SD9-INV249

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| 5.00 | .00 | 5.00 | .00 |

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