REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 26 A 9:58

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Association of Physician Specialists, Inc. Political Action Committee

ADDRESS (number and street) [X] Check if different than previously reported
2296 Henderson Mill Rd., Ste. #206

CITY, STATE and ZIP CODE
Atlanta, GA 30345

2. FEC IDENTIFICATION NUMBER
C00331017

3. [ ] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[X] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] 12-Day Pre-Election Report for the _____ _____ (Type of Election) election on _____ ____ in the State of _____.

[ ] 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [X] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/98 through 6/30/98		
6. (a) Cash on Hand January 1, 19 98		$ 2,250.00
(b) Cash on Hand at Beginning of Reporting Period	$ 12,997.37	
(c) Total Receipts (from Line 19)	$ 18,086.96	$ 49,319.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,084.33	$ 51,569.96
7. Total Disbursements (from Line 30)	$ 17,890.01	$ 38,375.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13,194.32	$ 13,194.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 15,703.60	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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., Treasurer

Signature of Treasurer
Stephen A. Montes DO

Date
1/15/2001

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

FEC FORM 3X
(revised 9/98)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

OF COMMITTEE American Association of Physician Specialists, Inc. Political Action Committee

REPORT COVERING PERIOD FROM 4/1/98 TO: 6/30/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	14,801.00	40,651.00	11(a)(i)
ii. Unitemized	3,285.96	8,668.96	11(a)(ii)
iii. Total (add i and ii) ➤	18,086.96	49,319.96	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	18,086.96	49,319.96	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts [add 11d, 12, 13, 14, 15, 16, 17, and 18] ➤	18,086.96	49,319.96	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	18,086.96	49,319.96	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	15,890.01	36,375.64	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	15,890.01	36,375.64	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	17,890.01	38,375.64	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	17,890.01	38,375.64	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	18,086.96	49,319.96	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	18,086.96	49,319.96	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	15,890.01	38,375.64	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	15,890.01	38,375.64	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
K. Michael Keil 104 Stonebrook Court Longwood, FL 32779 Receipt For: [ ] Primary [X] General [ ] Other (specify):	K. Michael Kiel, MD Occupation Self employed physician Aggregate Year-to-Date > $ 300.00	4/3/98	$ 300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J.M. McCullough 5920 Saratoga Suite 320 Corpus Christi, TX 78414 Receipt For: [ ] Primary [X] General [ ] Other (specify):	J.M. McCullough, MD Occupation Self employed physician Aggregate Year-to-Date > $ 300.00	4/8/98	150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Bailey 1367 Lafayette Street East Suite A Talahassee, FL 32301 Receipt For: [ ] Primary [X] General [ ] Other (specify):	John Bailey, D.O., P.A. Occupation Self employed physician Aggregate Year-to-Date > $ 300.00	4/9/98	150.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sarah E. Gilbert 16 Sevilla Road Andover, MA 01810 Receipt For: [ ] Primary [X] General [ ] Other (specify):	GBI Health Systems Occupation Emergency physician Aggregate Year-to-Date > $ 500.00	4/9/98	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joseph C. Gallagher, Jr. 210 W. Rittenhouse Square Suite 407 Philadelphia, PA 19103 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dr. Joseph C. Gallagher, Jr. Occupation Self employed physician Aggregate Year-to-Date > $ 600.00	4/10/98	600.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Cahill 36 Hancock Hill Drive Worcester, MA 01609 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Providence VA Medical Center Occupation Physician-Anesthesiologist Aggregate Year-to-Date > $ 600.00	4/10/98	600.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marcus Balogun, III 1835 University BLVD #224 Langley Park, MD 20783 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Godwin Corporation Occupation Physician Aggregate Year-to-Date > $ 600.00	4/17/98	600.00

SUBTOTAL of Receipts This Page (optional)	$2,900.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full): AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael C. Saltzburg 615 Howard Ave. Suite 200 Altoona, PA 16601 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Michael C. Saltzburg, D.O. Occupation: Self employed physician Aggregate Year-to-Date > $2,550.00	4/23/98	$2,550.00
B. Full Name, Mailing Address and ZIP Code James S. St. Louis 1902A West Main Avenue SW Cullman, AL 35055 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Dr. James S. St.Louis Occupation: Self employed physician Aggregate Year-to-Date > $600.00	4/28/98	600.00
C. Full Name, Mailing Address and ZIP Code Paul F. Malinda 1015 Gregory Way Drive Kernersville NC 27284 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Paul F. Malinda,MD Occupation: Self employed physician Aggregate Year-to-Date > $705.00	4/29/98	705.00
D. Full Name, Mailing Address and ZIP Code George G. Tracy 275 Hugh Thomas Drive Panama City, FL 32404 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: George G. Tracy, MD Occupation: Self employed physician Aggregate Year-to-Date > $200.00	4/30/98	100.00
E. Full Name, Mailing Address and ZIP Code Jean-Pierre R. Levy 2100 E. Hallandale Beach BLVD Suite 410 Hallandale, FL 33009 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Jean-Pierre R. Levy, MD Occupation: Self employed physician Aggregate Year-to-Date > $200.00	4/30/98	100.00
F. Full Name, Mailing Address and ZIP Code Richard F. Bingham 600 Harbor BLVD Unit #820 Weehawken, NJ 07087 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Richard F. Bingham, MD Occupation: Self employed physician Aggregate Year-to-Date > $600.00	5/4/98	600.00
G. Full Name, Mailing Address and ZIP Code J.M. McCullough 5920 Saratoga Suite 320 Corpus Christi, TX 78414 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: J.M. McCullough, MD Occupation: Self employed physician Aggregate Year-to-Date > $450.00	5/14/98	150.00

SUBTOTAL of Receipts This Page (optional) $4,805.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Allen R. Prince 199 Island Lane Leonard, MI 48367 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Allen R. Prince, MD Occupation: Self employed physician Aggregate Year-to-Date > $ 550.00	5/14/98	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Donovan 2825 Walnut Terrace Drive Modesto, CA 95355 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Robert Donovan, MD Occupation: Self employed physician Aggregate Year-to-Date > $ 200.00	5/18/98	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kent D. Miller 2710 St. Francis Drive Suite 201 Waterloo, IA 50702 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Covenant Health Systems Occupation: Physician Aggregate Year-to-Date > $ 200.00	5/31/98	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry R. Majers 3625 S.W. Red Hawk Court Topeka, KS 66614 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Veterans Admin. Occupation: Physician Aggregate Year-to-Date > $ 200.00	5/31/98	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John J. Maceluch 600 N. Cove Blvd Panama City, FL 32401 Receipt For: [ ] Primary [X] General [ ] Other (specify):	John J. Maceluch, MD Occupation: Self employed physician Aggregate Year-to-Date > $ 200.00	5/31/98	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Hermann 2705 Queens Drive Lincolnton, NC 28092 Receipt For: [ ] Primary [X] General [ ] Other (specify):	James Hermann, MD Occupation: Self employed physician Aggregate Year-to-Date > $ 200.00	5/31/98	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Ebner 329 New Hudson Aurora, OH 44202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Thomas J. Ebner, MD Occupation: Self employed physician Aggregate Year-to-Date > $200.00	5/31/98	50.00

SUBTOTAL of Receipts This Page (optional) $500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 7

FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Adrian L. de la Torre, Jr. 2763 W. Ave. "L" #103 Lancaster, CA 93536 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Adrian L. de la Torre, Jr., MD Occupation Self employed physician Aggregate Year-to-Date > $ 249.00	5/31/98	$ 83.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George G. Tracy 275 Hugh Thomas Drive Panama City, FL 32404 Receipt For: [ ] Primary [X] General [ ] Other (specify):	George G. Tracy, MD Occupation Self employed physician Aggregate Year-to-Date > $ 300.00	5/31/98	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jean-Pierre R. Levy 2100 E. Hallandale Beach Blvd Suite 410 Hallandale, FL 33009 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Jean-Pierre R. Levy, MD Occupation Self employed physician Aggregate Year-to-Date > $ 300.00	5/31/98	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Anthony P. Russo 695 W. Town Hall Road Waterford, PA 16441 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Anesthesia Consultants of Erie, Inc. Occupation Physician Aggregate Year-to-Date > $ 200.00	5/31/98	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Donovan 2825 Walnut Terrace Drive Modesto, CA 95355 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Robert Donovan, MD Occupation Self employed physician Aggregate Year-to-Date > $ 250.00	6/1/98	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J.M. McCullough 5920 Saratoga Suite 320 Corpus Christi, TX 78414 Receipt For: [ ] Primary [X] General [ ] Other (specify):	J.M. McCullough, MD Occupation Self employed physician Aggregate Year-to-Date > $ 650.00	6/5/98	200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John F. Woods 695 Southfork Drive Waukee, IA 50263 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Metro Anesthesia Occupation Physician Aggregate Year-to-Date > $ 600.00	6/6/98	600.00

SUBTOTAL of Receipts This Page (optional) $1,233.00

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Rebecca Martin 10906 W. Sycamore Hills Drive Ft. Wayne, IN 46804 Receipt For: [ ] Primary [X] General [ ] Other (specify):	St. Joseph Medical Center Occupation Physician Aggregate Year-to-Date > $ 600.00	6/6/98	$ 600.00
B. Jere G. Sutton 8 Swift Arrow Court Pueblo, CO 81001 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dept. of Justice Occupation Medical Officer Aggregate Year-to-Date > $ 600.00	6/6/98	600.00
C. Hinda M. Greene 2330 N.E. 47th Street Lighthouse Point, FL 33064 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Hinda M. Greene, D.O. Occupation Self employed physician Aggregate Year-to-Date > $ 600.00	6/6/98	600.00
D. John A. King 2854 Magnolia Blossom Lane Marianna, FL 32446 Receipt For: [ ] Primary [X] General [ ] Other (specify):	John A. King, MD Occupation Self employed physician Aggregate Year-to-Date > $ 600.00	6/6/98	600.00
E. Octaviano J. Espinosa 805 South Adams Avenue Red Lodge, MT 59068 Receipt For: [ ] Primary [X] General [ ] Other (specify):	St. Vincent Hospital Occupation Physician Aggregate Year-to-Date > $ 600.00	6/6/98	600.00
F. John P. White Mt. Carmel Medical Center Pittsburg, KS 66762 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Psychiatric Assn. of Pittsburg Occupation Self employed physician Aggregate Year-to-Date > $ 420.00	6/6/98	420.00
G. Alan D. Carr 929 Francine Drive Cherry Hill, NJ 08003 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Alan D. Carr, D.O. Occupation Self employed physician Aggregate Year-to-Date > $ 600.00	6/11/98	600.00

SUBTOTAL of Receipts This Page (optional) $4,020.00

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 7

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Brian W. Harris 2 Winchester Lane Hummelstown, PA 17036 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Harrisburg Radiology Association Occupation: Physician Aggregate Year-to-Date > $500.00	6/12/98	$ 500.00
B. Kent D. Miller 2710 St. Francis Drive Suite 201 Waterloo, IA 50702 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Covenant Health Systems Occupation: Physician Aggregate Year-to-Date > $250.00	6/30/98	50.00
C. Jerry R. Majers 3625 S.W. Red Hawk Court Topeka, KS 66614 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Veterans Admin. Occupation: Physician Aggregate Year-to-Date > $250.00	6/30/98	50.00
D. John J. Maceluch 600 N. Cove Blvd. Panama City, FL 32401 Receipt For: [ ] Primary [X] General [ ] Other (specify):	John J. Maceluch, MD Occupation: Self employed physician Aggregate Year-to-Date > $250.00	6/30/98	50.00
E. James Hermann 2705 Queens Drive Lincolnton, NC 28092 Receipt For: [ ] Primary [X] General [ ] Other (specify):	James Hermann, MD Occupation: Self employed physician Aggregate Year-to-Date > $250.00	6/30/98	50.00
F. Thomas J. Ebner 329 New Hudson Aurora, OH 44202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Thomas J. Ebner, MD Occupation: Self employed physician Aggregate Year-to-Date > $250.00	6/30/98	50.00
G. Andre K. Perron 104 Saddlewood Corner Lafayette, LA 70508 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Andre K. Perron, MD Occupation: Self employed physician Aggregate Year-to-Date > $200.00	6/30/98	50.00

SUBTOTAL of Receipts This Page (optional) ..... $ 800.00

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

FE7AN047

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full): AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Adrian L. de la Torre, Jr. 2763 W. Ave. "L" #103 Lancaster, CA 93536 Receipt For: Primary [ ] General [X] Other (specify):	Name of Employer: Adrian L. de la Torre, Jr., MD Occupation: Self employed physician Aggregate Year-to-Date: $ 332.00	6/30/98	$ 83.00
B. Helen Trew 2921 Doctor's Park Drive Medford, OR 97504 Receipt For: Primary [ ] General [X] Other (specify):	Name of Employer: Helen Trew, MD Occupation: Self employed physician Aggregate Year-to-Date: $ 200.00	6/30/98	50.00
C. George G. Tracy 275 Hugh Thomas Drive Panama City, FL 32404 Receipt For: Primary [ ] General [X] Other (specify):	Name of Employer: George G. Tracy, MD Occupation: Self employed physician Aggregate Year-to-Date: $ 400.00	6/30/98	100.00
D. Victor Theriault 712 Willis Avenue Bogalusa, LA 70427 Receipt For: Primary [ ] General [X] Other (specify):	Name of Employer: Victor Theriault, MD Occupation: Self employed physician Aggregate Year-to-Date: $ 240.00	6/30/98	60.00
E. Ernest C. Dunn, Jr. P.O. Box 729 Bayboro, NC 28515 Receipt For: Primary [ ] General [X] Other (specify):	Name of Employer: Pemlico Medical Center Occupation: Physician Aggregate Year-to-Date: $ 200.00	6/30/98	50.00
F. Jean-Pierre R. Levy 2100 E. Hallandale Beach Blvd Suite 410 Hallandale, FL 33009 Receipt For: Primary [ ] General [X] Other (specify):	Name of Employer: Jean-Pierre R. Levy, MD Occupation: Self employed physician Aggregate Year-to-Date: $ 400.00	6/30/98	100.00
G. Anthony P. Russo 695 W. Townhall Road Waterford, PA 16441 Receipt For: Primary [ ] General [X] Other (specify):	Name of Employer: Anesthesia Consultants of Erie, Inc. Occupation: Physician Aggregate Year-to-Date: $ 300.00	6/30/98	100.00

SUBTOTAL of Receipts This Page (optional) ..... $ 543.00

TOTAL This Period (last page this line number only) $14,801.00

FE7A9047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

OPERATING EXPENDITURES

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
American Assn of Physician Specialists, Inc. 2111 Wilson Blvd Suite 800 Arlington, VA 22201	Legislative Tracking Software Reimbursement	4/7/98	$ 1,467.80
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA Information Systems, Inc. 7207 Chapman Hwy Knoxville, TN 37920	Credit Card Fees	4/15/98	30.10
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Halsey, Rains & Associates, LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	PAC Management & Administrative expenses	4/17/98	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Halsey, Rains & Associates, LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	PAC Management & Administrative Exp.	5/7/98	7,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA Information Systems, Inc. 7207 Chapman Hwy Knoxville, TN 37920	Credit Card Fees	5/15/98	30.60
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Halsey, Rains & Associates, LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	PAC Management & Administrative Exp.	6/7/98	2,320.91
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA Information Systems, Inc. 7207 Chapman Hwy Knoxville, TN 37920	Credit Card Fees	6/15/98	40.60
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $15,890.01

TOTAL This Period (last page this line number only) $15,890.01

FEC Form 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

CONTRIBUTIONS FOR FEDERAL CANDIDATES

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

FOR LINE NUMBER 23

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. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Inhofe 12 Leadership Square Oklahoma City, OK 73102	Jim Inhofe, Senate Candidate, OK Disbursement for: [ ] Primary [x] General [ ] Other (specify)	6/7/98	$2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	$2,000.00

FE7A/A047

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Halsey, Rains & Associates,LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	12,439.59	17,584.92	14,320.91	15,703.60
Nature of Debt (Purpose): PAC Management				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	15,703.60
3) TOTAL 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)	15,703.60

FE7A4041

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 1-26-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Jm D PREPARER	1-26-01 DATE PREPARED

(6/2000)