

# 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  
Check if different than previously reported. (ACC) Tampa FL 33609

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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 09 30 2007

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 Montes

Signature of Treasurer Electronically Filed by Stephen Montes Date 12 05 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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		46499.82
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	12203.07									
(c) Total Receipts (from Line 19) .....	18488.43	18488.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	30691.50	64988.25								
7. Total Disbursements (from Line 31) .....	8221.90	42518.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22469.60	22469.60								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	2732.95									

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	14800.00	14800.00
(i) Itemized (use Schedule A) .....	3650.00	3650.00
(ii) Unitemized .....	18450.00	18450.00
(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) .....	18450.00	18450.00
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) .....	38.43	38.43
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)) .....	18488.43	18488.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18488.43	18488.43

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	3021.90	11318.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3021.90	11318.65
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	10000.00
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 .....	200.00	200.00
(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)) .....	200.00	200.00
29. Other Disbursements.....	.00	21000.00
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))..	8221.90	42518.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8221.90	42518.65

**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) .....	18450.00	18450.00
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18250.00	18250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3021.90	11318.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	38.43	38.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2983.47	11280.22

# 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 / 22
	<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) Rashid Ayyub, M.d. Fac Mailing Address 10 Davis Ln City Roslyn State NY Zip Code 11576 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007 <b>Transaction ID: SA11Ai-CN2053</b> Amount of Each Receipt this Period 600.00
Name of Employer Occupation Brunswick Hospital Center M.D. FACS FAA Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Dennis A. Barraco, D.O. Mailing Address 34522 North Scottsdale Road Suite D-8 614 City Scottsdale State AZ Zip Code 85262 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007 <b>Transaction ID: SA11Ai-CN2076</b> Amount of Each Receipt this Period 600.00
Name of Employer Occupation Self Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Steven G. Carin, D.O. Mailing Address 40 Grosvenor Hall City Athens State OH Zip Code 45701 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007 <b>Transaction ID: SA11Ai-CN2025</b> Amount of Each Receipt this Period 600.00
Name of Employer Occupation Ohio University Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> 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 / 22
	<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. Mark S. Clippinger, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007
Mailing Address 120 Knopps Landing Road		<b>Transaction ID:</b> SA11Ai-CN2042
City State Zip Code Selah WA 98942	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Providence Toppenish Hospital	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Mark J. Cohen, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007
Mailing Address 8 Sachem Drive		<b>Transaction ID:</b> SA11Ai-CN2072
City State Zip Code Skaneateles NY 13152	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Auburn Memorial Hospital	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Cook, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007
Mailing Address 1821 Robinson Ave		<b>Transaction ID:</b> SA11Ai-CN2051
City State Zip Code Conway AR 72034	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation M.D.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> 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 / 22
	<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) <b>A. Joseph Cook, M.d.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 1821 Robinson Ave		<b>Transaction ID: SA11Ai-CN2050</b>
City State Zip Code Conway AR 72034	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 600.00
Name of Employer Self Employed	Occupation M.D.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Keith H. Crawford, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007
Mailing Address 2421 Broadway		<b>Transaction ID: SA11Ai-CN2033</b>
City State Zip Code Paducah KY 42001	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer Crawford and Hundberg X-Ray	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dorothy Delana, M.d.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 7 Yorke Rd		<b>Transaction ID: SA11Ai-CN2052</b>
City State Zip Code Morristown NJ 07960	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 600.00
Name of Employer Lutheran Medical Center-ER	Occupation M.D.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 9 / 22
	<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) <b>A.</b> Dr. Thomas Ebner, D.O.		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007
Mailing Address 1920 Coconut Palm Circlce		<b>Transaction ID:</b> SA11Ai-CN2026
City State Zip Code North Port FL 34288	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Stephen C. Frey, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address 8275 W. Remus Rd.		<b>Transaction ID:</b> SA11Ai-CN2040
City State Zip Code Remus MI 49340	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mecosta Cnty. Gen. Hosp. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation M.D. Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory Gaurd, M.d.		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007
Mailing Address 10809 Collette Dr N		<b>Transaction ID:</b> SA11Ai-CN2061
City State Zip Code Peoria IL 61615	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Peoria Pulmonary Assocs. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation M.D. Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1450.00
<b>TOTAL</b> 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 10 / 22
	<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) <b>A.</b> Mark Giese, D.o. Faa		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 12503 Golden Harvest Dr		<b>Transaction ID:</b> SA11Ai-CN2065	
City State Zip Code Fort Wayne IN 46845	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dupont Hospital Dept. EM	Occupation D.O. FAAEP		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. DeAnn W. Isackson, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 10907 SE 66th Street		<b>Transaction ID:</b> SA11Ai-CN2067	
City State Zip Code Renton WA 98056	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Physician		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Leslie Kalman, D.o.		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 13401 Ware Rd N		<b>Transaction ID:</b> SA11Ai-CN2079	
City State Zip Code Edinburg TX 78541	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McAllen Heart Hospital - ER	Occupation D.O.		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2200.00
<b>TOTAL</b> 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 11 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
Hakam Kayasseh, M.d.

Mailing Address 3531 148th St

City Lubbock State TX Zip Code 79423

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

Name of Employer Covenant Medical Center Occupation M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: SA11Ai-CN2036

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Brian Lisse, M.d.

Mailing Address 7 Curley Dr

City Hudson State MA Zip Code 01749

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

Name of Employer Caritas Holy Family Hospital Occupation M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	7

Transaction ID: SA11Ai-CN2082

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3710 Bellefont St

City Houston State TX Zip Code 77025

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

Name of Employer Lasik Plus Vision Center Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: SA11Ai-CN2080

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> 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 12 / 22
	<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)  
Michael Medvin, M.d.

Mailing Address 122 Calistoga Rd 343

City State Zip Code  
Santa Rosa CA 95409

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

Name of Employer Occupation  
Howard Memorial Hospital M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: SA11Ai-CN2031

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Celeste Miller-Parish, D.o. Faa

Mailing Address Route 1 Box 113

City State Zip Code  
Arbela MO 63432

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

Name of Employer Occupation  
Scotland Cnty Memorial Hospital D.O. FAASS

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2007

Transaction ID: SA11Ai-CN2081

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
Celeste Miller-Parish, D.o. Faa

Mailing Address Route 1 Box 113

City State Zip Code  
Arbela MO 63432

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

Name of Employer Occupation  
Scotland Cnty Memorial Hospital D.O. FAASS

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2007

Transaction ID: SA11Ai-CN2018

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> 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 13 / 22
	<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"/>	<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) <b>A. Richard Moyer, D.o.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 77 Paradise Ct		<b>Transaction ID: SA11Ai-CN2049</b>	
City State Zip Code Metamora MI 48455	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lapeer Family Health Center	Occupation Physician		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. James E. Nicholson, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007	
Mailing Address 104 Stratburgh Lane		<b>Transaction ID: SA11Ai-CN2028</b>	
City State Zip Code Cary NC 27511	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sth Estrn Acute Care Specialists	Occupation Physician		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. John Patrizio, M.d.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2007	
Mailing Address 13520 Reynard Ln		<b>Transaction ID: SA11Ai-CN2030</b>	
City State Zip Code Richmond VA 23233	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Richmond Community Hospital	Occupation M.D.		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 14 / 22
	<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) Marcus Purvis, M.d. Mailing Address 352 Sunlight Way City State Zip Code Canon City CO 81212 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007 <b>Transaction ID:</b> SA11Ai-CN2062 Amount of Each Receipt this Period 600.00
Name of Employer Occupation Thomas Moore Hospital M.D. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Kenneth Quenneville, M.D. Mailing Address 700 Partridge Lane City State Zip Code Eagle Lake TX 77434 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2007 <b>Transaction ID:</b> SA11Ai-CN2021 Amount of Each Receipt this Period 400.00
Name of Employer Occupation Self Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Howard Sacher, D.O. Mailing Address Stone Gate Lane Old Brookville City State Zip Code Glen Head NY 11545 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007 <b>Transaction ID:</b> SA11Ai-CN2037 Amount of Each Receipt this Period 600.00
Name of Employer Occupation Patients First Family Medical Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> 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 15 / 22
	<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. Lawrence Stein, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2007	
Mailing Address 4600 Memorial Drive Suite 200		<b>Transaction ID:</b> SA11Ai-CN2027	
City State Zip Code Belleville IL 62226		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Mohammed Tabibi, D.O.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 2645 Anzac Cir		<b>Transaction ID:</b> SA11Ai-CN2071	
City State Zip Code Carson City NV 89701		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) William A. White		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007	
Mailing Address 510 Powell Drive		<b>Transaction ID:</b> SA11Ai-CN2041	
City State Zip Code Annapolis MD 21401		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Physician Management Ltd. Occupation Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> 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 16 / 22	
	(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)  
Isaac Yoon, M.d.

Mailing Address 10755 Falls Rd  
Ste 160

City Lutherville Timoni State MD Zip Code 21093

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

Name of Employer Patient First Occupation M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	7

Transaction ID: SA11Ai-CN2070

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14800.00

**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 17 / 22

<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 Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX479

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

5.95

Administrative/Salary/Overhead Expenses

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 Credit Card Processing fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX482

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

5.95

Credit Card Processing fee

Full Name (Last, First, Middle Initial)

**C.** Don Connelly & Associates

Mailing Address 10 N. Clarendon Ave.

City Avondale Estates State GA Zip Code 30002

Purpose of Disbursement Solicitation and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX480

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1519.00

Solicitation and Fundraising Expenses

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

1530.90

**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 18 / 22

<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. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX478

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

47.00

Administrative/Salary/Ove-  
rhead Expenses

Full Name (Last, First, Middle Initial)

**B. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX481

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

47.00

Administrative/Salary/Ove-  
rhead Expenses

Full Name (Last, First, Middle Initial)

**C. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement Credit card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX483

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

47.00

Credit card Processing Fee

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

141.00

**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 19 / 22

<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. USPS**

Mailing Address 5201 Spruce St. West

City Tampa State FL Zip Code 33630

Purpose of Disbursement Solitication and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX476

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

650.00

Solitication and Fundrais-  
ing Expenses

Full Name (Last, First, Middle Initial)

**B. Metro Mailing Services**

Mailing Address 1369 Logan Circle NW

City Atlanta State GA Zip Code 30318

Purpose of Disbursement Solitication and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX477

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

700.00

Solitication and Fundrais-  
ing Expenses

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

1350.00

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

3021.90

**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 20 / 22

<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.** Florida Republican Party

Mailing Address 420 East Jefferson Street #3

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Political Contributions

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23-EX475

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Political Contributions

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

**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 21 / 22

<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 checked="" 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) <b>A. Dr. Daniel Einhorn, D.O.</b>		Transaction ID: SB28a-CR20	
Mailing Address 1134 East University Avenuesuite 1 10		Date of Disbursement 09 / 07 / 2007	
City Mesa	State AZ	Zip Code 85203	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund of 09/06/07 Contri- bution
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	200.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 22 / 22
	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)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Invoice: Credit Card Processing Fee Admi
Mailing Address P. O. Box 53852	
City State ZIP Code Phoenix AZ 85072	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV347</b>	
Amount Incurred This Period [ 5.95 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 5.95 ]

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor M.F.P. Insurance Agency	Nature of Debt (Purpose): Invoice: D&O insurance Administrative/Sa
Mailing Address 50 W. Broad St. Suite 3200	
City State ZIP Code Columbus OH 43215	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID: SD10-INV340</b>	
Amount Incurred This Period [ 2727.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 2727.00 ]

1) <b>SUBTOTALS</b> This Period This Page (optional).....	[ 2732.95 ]
2) <b>TOTALS</b> This Period (last page this line number only).....	[ 2732.95 ]
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	[ ]