

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		43859.99
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	45474.76									
(c) Total Receipts (from Line 19)	1195.00	7060.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46669.76	50919.99								
7. Total Disbursements (from Line 31)	11248.39	15498.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35421.37	35421.37								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)										
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)										

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	700.00	4900.00
(ii) Unitemized	495.00	2160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1195.00	7060.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1195.00	7060.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1195.00	7060.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1195.00	7060.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures.....	6248.39	6498.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6248.39	6498.62
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditure (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements.....	5000.00	9000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11248.39	15498.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11248.39	15498.62

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)	1195.00	7060.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1195.00	7060.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6248.39	6498.62
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6248.39	6498.62

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(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"/> 14	<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)

A.

Full Name (Last, First, Middle Initial)
Jonathan Adelberg

Mailing Address 2189 Driftwood Circle

City State Zip Code
Palm Beach Gardens FL 33410

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

Name of Employer
Okeechobee Emergency Physicians Inc.

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2010

Transaction ID: SA11Ai-CN2483

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Jonathan Adelberg

Mailing Address 2189 Driftwood Circle

City State Zip Code
Palm Beach Gardens FL 33410

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

Name of Employer
Okeechobee Emergency Physicians Inc.

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 18 / 2010

Transaction ID: SA11Ai-CN2489

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Jonathan Adelberg

Mailing Address 2189 Driftwood Circle

City State Zip Code
Palm Beach Gardens FL 33410

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

Name of Employer
Okeechobee Emergency Physicians Inc.

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 17 / 2010

Transaction ID: SA11Ai-CN2498

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 20
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Margaret C. Vives-Austin, M.D.

Mailing Address 10006 Chatham Oaks Ct

City State Zip Code
Orlando FL 32836

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

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11Ai-CN2488

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Margaret C. Vives-Austin, M.D.

Mailing Address 10006 Chatham Oaks Ct

City State Zip Code
Orlando FL 32836

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

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11Ai-CN2492

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Margaret C. Vives-Austin, M.D.

Mailing Address 10006 Chatham Oaks Ct

City State Zip Code
Orlando FL 32836

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

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: SA11Ai-CN2497

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 20
	(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"/> 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)
Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City Natchez State MS Zip Code 39120

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11Ai-CN2493

Amount of Each Receipt this Period
 50.00

B.

Full Name (Last, First, Middle Initial)
Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City Natchez State MS Zip Code 39120

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 7 / 2 0 1 0

Transaction ID: SA11Ai-CN2499

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX649 Date of Disbursement																			
	Mailing Address P. O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	1	0												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card fee	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Credit card fee																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX650 Date of Disbursement																			
	Mailing Address P. O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card fee	<table border="1"><tr><td>5.85</td></tr></table>	5.85																		
5.85																					
	Candidate Name	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Credit card fee																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX663 Date of Disbursement																			
	Mailing Address P. O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement service charge	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		service charge																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>15.75</td></tr></table>	15.75
15.75		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX660 Date of Disbursement 05 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 7.48 <hr/> service charge
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement service fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX678 Date of Disbursement 06 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 4.95 <hr/> service fee
C.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement service fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX679 Date of Disbursement 06 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 7.48 <hr/> service fee

SUBTOTAL of Disbursements This Page (optional) ▶

19.91

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) Trailblazer Campaign Services	Transaction ID: SB21b-EX656 Date of Disbursement
	Mailing Address 5115 Excelsior Blvd Suite 103	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Minneapolis State MN Zip Code 55416	Amount of Each Disbursement this Period
	Purpose of Disbursement Software Support Candidate Name	<input type="text" value="4650.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Software Support

B.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX653 Date of Disbursement
	Mailing Address 500 N Westshore Blvd Suite 100	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33609	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge Candidate Name	<input type="text" value="3.62"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge

C.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX654 Date of Disbursement
	Mailing Address 500 N Westshore Blvd Suite 100	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33609	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge Candidate Name	<input type="text" value="0.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4654.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX655 Date of Disbursement 04 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 0.45 <hr/> Bank Service Charge
B.	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX659 Date of Disbursement 05 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 0.90 <hr/> Service charge
C.	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX658 Date of Disbursement 05 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 0.65 <hr/> service charge

SUBTOTAL of Disbursements This Page (optional) ▶

2.00

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX657 Date of Disbursement 05 / 10 / 2010
	Mailing Address 500 N Westshore Blvd Suite 100 City Tampa State FL Zip Code 33609 Purpose of Disbursement Service charge Candidate Name	Amount of Each Disbursement this Period 2.47 Service charge
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX680 Date of Disbursement 06 / 10 / 2010
	Mailing Address 500 N Westshore Blvd Suite 100 City Tampa State FL Zip Code 33609 Purpose of Disbursement service fee Candidate Name	Amount of Each Disbursement this Period 0.65 service fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX681 Date of Disbursement 06 / 10 / 2010
	Mailing Address 500 N Westshore Blvd Suite 100 City Tampa State FL Zip Code 33609 Purpose of Disbursement service fee Candidate Name	Amount of Each Disbursement this Period 0.90 service fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ► **4.02**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement service fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX682 Date of Disbursement 06 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 2.47 <hr/> service fee
B.	Full Name (Last, First, Middle Initial) PayPal <hr/> Mailing Address 2211 North First Street <hr/> City San Jose State CA Zip Code 95131 <hr/> Purpose of Disbursement Credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX652 Date of Disbursement 04 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 59.95 <hr/> Credit card fee
C.	Full Name (Last, First, Middle Initial) PayPal <hr/> Mailing Address 2211 North First Street <hr/> City San Jose State CA Zip Code 95131 <hr/> Purpose of Disbursement service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX662 Date of Disbursement 05 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 59.95 <hr/> service charge

SUBTOTAL of Disbursements This Page (optional) ▶

122.37

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial) PayPal Mailing Address 2211 North First Street City San Jose State CA Zip Code 95131 Purpose of Disbursement monthly fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX677 Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2010
	Amount of Each Disbursement this Period 59.95 monthly fee
B. Full Name (Last, First, Middle Initial) Kilbourne & Kilbourne Mailing Address 83 Princeton Avenue Ste 2A City Hopewell State NJ Zip Code 08525 Purpose of Disbursement Purchase PAC Lapel Pins Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX676 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2010
	Amount of Each Disbursement this Period 1369.97 Purchase PAC Lapel Pins

SUBTOTAL of Disbursements This Page (optional) ►

1429.92

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

6248.39

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
The Committee To Elect Alma Adams

Mailing Address PO Box 21092

City Greensboro State NC Zip Code 27401

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼
 State: District:

Transaction ID: SB21b-EX664
Date of Disbursement

05 / 13 / 2010

Amount of Each Disbursement this Period

250.00

011
Category/
Type

Political Contributions

B. Full Name (Last, First, Middle Initial)
The Committee To Elect Beverly Earle

Mailing Address 312 South Clarkson St

City Charlotte State NC Zip Code 28202

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼
 State: District:

Transaction ID: SB21b-EX665
Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Political Contributions

C. Full Name (Last, First, Middle Initial)
The Committee To Elect Clark Jenkins

Mailing Address 220 Hillsborough St

City Raleigh State NC Zip Code 27603

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼
 State: District:

Transaction ID: SB21b-EX666
Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

250.00

011
Category/
Type

Political Contributions

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
The Committee To Elect Don Davis

Mailing Address PO Box 246

City State Zip Code
Snow Hill NC 28580

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX667

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

250.00

011
Category/
Type

Political Contributions

B. Full Name (Last, First, Middle Initial)
The Committee To Elect Doug Berger

Mailing Address 220 Hillsborough St

City State Zip Code
Raleigh NC 27603

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX668

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Political Contributions

C. Full Name (Last, First, Middle Initial)
The Committee To Elect Ed Jones

Mailing Address 220 Hillsborough St

City State Zip Code
Raleigh NC 27603

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX669

Date of Disbursement

05 / 13 / 2010

Amount of Each Disbursement this Period

250.00

011
Category/
Type

Political Contributions

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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)

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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.	Full Name (Last, First, Middle Initial) The Committee To Elect Hugh Holliman <hr/> Mailing Address 103 Sapona Rd <hr/> City Lexington State NC Zip Code 27295 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX670 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Political Contributions
B.	Full Name (Last, First, Middle Initial) The Committee To Elect Martin Nesbitt <hr/> Mailing Address 29 N. Market St 7th Flr <hr/> City Asheville State NC Zip Code 28801 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX671 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Political Contributions
C.	Full Name (Last, First, Middle Initial) The Committee To Elect Pryor Gibson <hr/> Mailing Address PO Box 1010 <hr/> City Wadesboro State NC Zip Code 28170 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX672 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Political Contributions

SUBTOTAL of Disbursements This Page (optional)	1250.00
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)

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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
The Committee To Elect Richard Stevens

Mailing Address Po Box 1311

City Cary State NC Zip Code 27512

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB21b-EX673
Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

250.00

Political Contributions

B. Full Name (Last, First, Middle Initial)
The Committee To Elect Tom Thillis

Mailing Address 17209 Green Dolphin Lane

City Cornelius State NC Zip Code 28031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB21b-EX674
Date of Disbursement

05 / 12 / 2010

Amount of Each Disbursement this Period

250.00

Political Contributions

C. Full Name (Last, First, Middle Initial)
The Committee To Elect Verla Insko

Mailing Address 610 Curry Rd

City Chapel Hill State NC Zip Code 27514

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB21b-EX675
Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

250.00

Political Contributions

SUBTOTAL of Disbursements This Page (optional) ►

750.00

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)

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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Committee To Elect William Purcell

Mailing Address PO Box 154

City Laurinburg State NC Zip Code 28353

Purpose of Disbursement
political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX683

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

500.00

political contribution

B. Full Name (Last, First, Middle Initial)
The Committee to Elect William Wainwright

Mailing Address PO Box 941

City Havelock State NC Zip Code 28532

Purpose of Disbursement
political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX684

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

500.00

political contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

5000.00