

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAG)

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

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

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

5. Covering Period 07 01 2002 through 09 30 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stephen A. Montes D.O.

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	2

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>2</td></tr></table>	Y	Y	Y	Y	2	0	0	2	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">87796.28</td></tr></table>	87796.28
Y	Y	Y	Y									
2	0	0	2									
87796.28												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">102440.66</td></tr></table>	102440.66										
102440.66												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">6020.00</td></tr></table>	6020.00	<table border="1" style="width: 100%;"><tr><td align="right">32570.00</td></tr></table>	32570.00								
6020.00												
32570.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">108460.66</td></tr></table>	108460.66	<table border="1" style="width: 100%;"><tr><td align="right">120366.28</td></tr></table>	120366.28								
108460.66												
120366.28												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">12371.34</td></tr></table>	12371.34	<table border="1" style="width: 100%;"><tr><td align="right">24276.96</td></tr></table>	24276.96								
12371.34												
24276.96												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">96089.32</td></tr></table>	96089.32	<table border="1" style="width: 100%;"><tr><td align="right">96089.32</td></tr></table>	96089.32								
96089.32												
96089.32												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">.00</td></tr></table>	.00										
.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">.00</td></tr></table>	.00										
.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	2

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4810.00	27040.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1110.00	5430.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5920.00	32470.00
(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)	5920.00	32470.00
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)	100.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6020.00	32570.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6020.00	32570.00

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.....	371.34	1276.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	371.34	1276.96
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	9500.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	10000.00	13500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12371.34	24276.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12371.34	24276.96

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)	5920.00	32470.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5920.00	32470.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	371.34	1276.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	100.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	271.34	1176.96

**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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Carlos A. Alvarado, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2002
Mailing Address 11417 Mt. Gleason		Transaction ID: SA11Ai-CN1679
City State Zip Code Tujunga CA 91042	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Physician		
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Matthew S Berry, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2002
Mailing Address 423 North Elena 1		Transaction ID: SA11Ai-CN1694
City State Zip Code Redondo Beach CA 90277	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Physician		
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard Cressey, M.D.		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2002
Mailing Address 2000 Commonwealth Ave.		Transaction ID: SA11Ai-CN1659
City State Zip Code Brighton MA 02135	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Physician		
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas Ebner, D.O.		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2002
Mailing Address 4100 Warrensville Center Road Bldg. B		Transaction ID: SA11Ai-CN1660
City State Zip Code Beachwood OH 44122		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Ebner, D.O.		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2002
Mailing Address 4100 Warrensville Center Road Bldg. B		Transaction ID: SA11Ai-CN1672
City State Zip Code Beachwood OH 44122		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas Ebner, D.O.		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2002
Mailing Address 4100 Warrensville Center Road Bldg. B		Transaction ID: SA11Ai-CN1685
City State Zip Code Beachwood OH 44122		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Lee L. Gibson, D.O. Mailing Address P. O. 118 City State Zip Code Fort White FL 32038 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2002 Transaction ID: SA11Ai-CN1658 Amount of Each Receipt this Period 300.00
Name of Employer Occupation Shands Health Care Physician Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Dr. Chris Giorshv, M.D. Mailing Address 4602 Ridgeview Circle City State Zip Code Valdosta GA 31602 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2002 Transaction ID: SA11Ai-CN1669 Amount of Each Receipt this Period 200.00
Name of Employer Occupation Self Physician Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

C. Full Name (Last, First, Middle Initial) Dr. Peter Lamelas, M.D. Mailing Address 65 Spoonbill Road City State Zip Code Lake Worth FL 33462 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2002 Transaction ID: SA11Ai-CN1674 Amount of Each Receipt this Period 100.00
Name of Employer Occupation Team Health Physician Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. Peter Lamelas, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 2
Mailing Address 65 Spoonbill Road		Transaction ID: SA11Ai-CN1687
City State Zip Code Lake Worth FL 33462	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Team Health	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Dr. Paul F. Malinda, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 2
Mailing Address 1015 Gregory Way Dr		Transaction ID: SA11Ai-CN1684
City State Zip Code Kernersville NC 27284	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Dr. Bruce A. Merwin, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 2
Mailing Address 5130 Manchester Drive		Transaction ID: SA11Ai-CN1691
City State Zip Code Zanesville OH 43701	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	410.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. David Pietrasiuk, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2002	
Mailing Address 715 Shipwatch Dr.		Transaction ID: SA11Ai-CN1681	
City Jacksonville	State FL	Zip Code 32225	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) B. Dr. David Pietrasiuk, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2002	
Mailing Address 715 Shipwatch Dr.		Transaction ID: SA11Ai-CN1692	
City Jacksonville	State FL	Zip Code 32225	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

Full Name (Last, First, Middle Initial) C. Dr. Mitchell J. Schoen, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2002	
Mailing Address 10323 Tennessee Ave.		Transaction ID: SA11Ai-CN1683	
City Los Angeles	State CA	Zip Code 90064	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Subadra Sivakumaran, M.D.		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2002
Mailing Address 4520 North West 33 Court		Transaction ID: SA11Ai-CN1661
City State Zip Code Gainesville FL 32606	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Subadra Sivakumaran, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2002
Mailing Address 4520 North West 33 Court		Transaction ID: SA11Ai-CN1673
City State Zip Code Gainesville FL 32606	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Subadra Sivakumaran, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2002
Mailing Address 4520 North West 33 Court		Transaction ID: SA11Ai-CN1686
City State Zip Code Gainesville FL 32606	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Peter Timmermans, M.D.

Mailing Address 14 Beaver Dam St

City State Zip Code
Waupun WI 53963

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

Name of Employer Occupation
Fon du LAC Regional Clinic Physician

Receipt For: 2002
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	2

Transaction ID: SA11Ai-CN1664

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	4810.00

**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)

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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)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX258

Date of Disbursement

07 / 26 / 2002

Amount of Each Disbursement this Period

3.10

Merchant Charges

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX263

Date of Disbursement

08 / 26 / 2002

Amount of Each Disbursement this Period

3.10

Merchant Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX265

Date of Disbursement

08 / 28 / 2002

Amount of Each Disbursement this Period

4.50

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ►

10.70

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)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX312

Date of Disbursement

09 / 30 / 2002

Amount of Each Disbursement this Period

6.20

Merchant Charges

Full Name (Last, First, Middle Initial)

B. Discover

Mailing Address P.O. Box 52145

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX266

Date of Disbursement

08 / 02 / 2002

Amount of Each Disbursement this Period

1.28

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Discover

Mailing Address P.O. Box 52145

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX269

Date of Disbursement

09 / 04 / 2002

Amount of Each Disbursement this Period

1.28

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ►

8.76

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2002 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX261

Date of Disbursement

07 / 02 / 2002

Amount of Each Disbursement this Period

133.27

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2002 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX264

Date of Disbursement

08 / 02 / 2002

Amount of Each Disbursement this Period

26.00

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2002 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX268

Date of Disbursement

09 / 04 / 2002

Amount of Each Disbursement this Period

42.61

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶

201.88

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)

Full Name (Last, First, Middle Initial)

A. Trailblazer Campaign Services

Mailing Address 5115 Excelsior Blvd
Suite 103

City State Zip Code
Minneapolis MN 55416

Purpose of Disbursement
Other (Enter Description)

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX257

Date of Disbursement

07 / 22 / 2002

Amount of Each Disbursement this Period

150.00

Other (Enter Description)

Full Name (Last, First, Middle Initial)

B. Florida Victory

Mailing Address 420 E. Jefferson Street

City State Zip Code
Tallahassee FL 32301

Purpose of Disbursement
Other (Enter Description)

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX267

Date of Disbursement

09 / 16 / 2002

Amount of Each Disbursement this Period

10000.00

nonfederal Contribution

SUBTOTAL of Disbursements This Page (optional)

10150.00

TOTAL This Period (last page this line number only)

10371.34

**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 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. Team Sununu

Mailing Address 316 Cannon House Office Building

City Washington State DC Zip Code 20515

Purpose of Disbursement
Political Contributions

Candidate Name
John Sununu

Office Sought: House
 Senate
 President

State: NH District: 1

Disbursement For: 2002
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23-EX262

Date of Disbursement

08 / 29 / 2002

Amount of Each Disbursement this Period

2000.00

John Sununu House 01 (NH)

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00