REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) [X] Check if different than previously reported
2296 HENDERSON MILL ROAD, SUITE 206

CITY, STATE and ZIP CODE
ATLANTA, GA 30345

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
DEC 8 10 14 AM '98

2. FEC IDENTIFICATION NUMBER
C00331017

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

4. TYPE OF REPORT

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

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

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

[X] 30-Day Post-Election Report following the General Election on 11/3 in the State of ALL STATES

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period OCT. 1, 1998 through NOV. 23, 1998		
6. (a) Cash on Hand January 1, 19 98		$ 2,250.00
(b) Cash on Hand at Beginning of Reporting Period	$ 8,402.98	
(c) Total Receipts (from Line 19)	$ 3,946.00	$ 91,273.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,348.98	$ 93,523.96
7. Total Disbursements (from Line 30)	$ 5,575.44	$ 86,750.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,773.54	$ 6,773.54
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name of Treasurer
Wynn E. Busby

Signature of Treasurer
Wynn E. Busby

Date
12-4-98

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

FEC FORM 3X
(revised 9/93)

FEBAN064

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X (revised 1/1/91)

NAME OF COMMITTEE: AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10/1/98 TO 11/23/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	3,366.00	74,886.00	11(a)(i)
i. Itemized (use Schedule A)	580.00	15,387.96	11(a)(ii)
ii. Unitemized	3,946.00	90,273.96	11(a)(iii)
iii. Total ... (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			
d. Total Contributions ... (add a iii, b and c) ➤	3,946.00	90,273.96	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤		91,273.96	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	3,946.00	91,273.96	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	5,575.44	84,750.42	21(c)
22. Transfers to Affiliated/Other Party Committees	5,575.44		22
23. Contributions to Federal Candidates/Committees and Other Political Committees		2,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds ... (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,575.44	86,750.42	30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤	5,575.44	86,750.42	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,946.00	91,273.96	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,946.00	91,273.96	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤	5,575.44	86,750.42	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	5,575.44	86,750.42	37

FEBAN064

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CHARLES A. BUSH 134 SPANISH POINT DR BEAUFORT SC 29902 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HAMPTON REGIONAL MEDICAL CENTER PHYSICIAN Aggregate Year-to-Date $ 600.	10/16/98	600.00
B. THOMAS K. CAMPBELL 216 E. MAIN BRADFORD TN 38316 Receipt For: [ ] Primary [X] General [ ] Other (specify):	WEST TN HEALTHCARE PHYSICIAN Aggregate Year-to-Date $ 300.	11/16/98	200.00
C. ROBERT A. DONOVAN 2825 WALNUT TERRACE DRIVE MODESTO CA 95355 Receipt For: [ ] Primary [X] General [ ] Other (specify):	CALIFORNIA EMERGENCY PHYSICIANS PHYSICIAN Aggregate Year-to-Date $ 500.	10/5/98 11/5/98	50.00 50.00
D. GEORGE P. JAEGER 900 OAKWOOD DRIVE CLARION, PA 16214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. GEORGE JAEGER SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date $ 200.	11/16/98	200.00
E. STANLEY P. KOTOCKI P.O. BOX 2786 INVERNESS, FL 34451 Receipt For: [ ] Primary [X] General [ ] Other (specify):	CITRUS SURGICAL ASSOCIATES PHYSICIAN Aggregate Year-to-Date $ 200.	10/13/98	200.00
F. SCOTT G. BARNES 3513 SCHOOLHOUSE LANE HARRISBURG, PA 17109 Receipt For: [ ] Primary [X] General [ ] Other (specify):	BRONSTEIN/JEFFRIES PHYSICIAN Aggregate Year-to-Date $ 1,000.	10/1/98 11/1/98	100.00 100.00
G. HERMAN R. BRIZUELA 34 LATHAM PARK ELKINS PARK, PA 19027 Receipt For: [ ] Primary [X] General [ ] Other (specify):	TEMPLE PHYSICIAN, INC. PHYSICIAN Aggregate Year-to-Date $ 500.	10/1/98 11/1/98	50.00 50.00

SUBTOTAL of Receipts This Page (optional) 1,600.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. JOSEPH COHEN 4770 BASELINE, SUITE 220 BOULDER, CO 80303 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. JOSEPH COHEN	10/1/98	50.00
	Occupation SELF-EMPLOYED PHYSICIAN	11/1/98	50.00
	Aggregate Year-to-Date $	250.	
B. ADRIAN L. de la TORRE, JR. 42103 MOHAVE ROSE DRIVE LANCASTER, CA 93536 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. ADRIAN de la TORRE, JR.	10/5/98	83.00
	Occupation SELF-EMPLOYED PHYSICIAN	11/5/98	83.00
	Aggregate Year-to-Date $	747.	
C. ERNEST C. DUNN, JR. P.O. BOX 729 BAYBORO, NC 28515 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PEMLICO MEDICAL CENTER	10/1/98	50.00
	Occupation PHYSICIAN	11/1/98	50.00
	Aggregate Year-to-Date $	450.	
D. THOMAS EBNER 329 NEW HUDSON AURORA, OH 44204 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. THOMAS EBNER	10/1/98	50.00
	Occupation SELF-EMPLOYED PHYSICIAN	11/1/98	50.00
	Aggregate Year-to-Date $	500.	
E. CHARLES F. FATSEAS 51 BOGASTOW BROOK ROAD SHERBORN, MA 01770 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. CHARLES F. FATSEAS	10/1/98	50.00
	Occupation SELF-EMPLOYED PHYSICIAN	11/1/98	50.00
	Aggregate Year-to-Date $	250.	
F. FRANK H. GUINN 296 WYNDMOOR CIRCLE HUNTINGDON VALLEY, PA 19006 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ALLEGHNEY HEALTH SERVICES	10/1/98	50.00
	Occupation PHYSICIAN	11/1/98	50.00
	Aggregate Year-to-Date $	1,450.	
G. JOHN J. MACELUCH 600 NORTH COVE BLVD PANAMA CITY, FL 32401 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. JOHN J. MACELUCH	10/1/98	50.00
	Occupation SELF-EMPLOYED PHYSICIAN	11/1/98	50.00
	Aggregate Year-to-Date $	600.	

SUBTOTAL of Receipts This Page (optional) 766.00

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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LEWIS W. MARSHALL 495 STANDISH ROAD TEANECK, NJ 07666 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. LEWIS W. MARSHALL Occupation SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 350.	10/1/98 11/1/98	50.00 50.00
B. KENT D. MILLER 2710 ST. FRANCIS DRIVE SQUARE WATERLOO, IA 50702 Receipt For: [ ] Primary [X] General [ ] Other (specify):	COVENENT HEALTH SYSTEMS Occupation PHYSICIAN Aggregate Year-to-Date > $ 500.	10/1/98 11/1/98	50.00 50.00
C. ANDRE K. PERRON 104 SADDLEWOOD CORNER LAFAYETTE, LA 70508 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. ANDRE.K. PERRON Occupation SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 450.	10/1/98 11/1/98	50.00 50.00
D. F.M. SCHULTZ 2410 CROCKETT DRIVE BROWNWOOD, TX 76801 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	DR. F.M. SCHULTZ Occupation SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 1,150.	10/1/98 11/1/98	100.00 100.00
E. RICHARD J. SIEVERS, III 1900 WAYNE AVENUE DAYTON, OH 45410 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR. RICHARD J. SIEVERS, III Occupation SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 600.	10/1/98 11/1/98	100.00 100.00
F. HELEN TREW 2921 DOCTORS PARK DRIVE MEDFORD, OR 97504 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	DR. HELEN TREW Occupation SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 400.	10/1/98 11/1/98	50.00 50.00
G. ATA ULHAQ P.O. BOX 364 DUBOIS, PA 15801 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DUBOIS REGIONAL MEDICAL CENTER Occupation PHYSICIAN Aggregate Year-to-Date > $ 300.	10/1/98 11/1/98	50.00 50.00

SUBTOTAL of Receipts This Page (optional) 900.00

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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DANIEL D. WERT 1261 HUNSICKER ROAD LANCASTER, PA 17601 Receipt For: [ ] Primary [X] General [ ] Other (specify):	RETIRED / PHYSICIAN Aggregate Year-to-Date > $ 500	10/1/98 11/1/98	50.00 50.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only) 3,366.00

FE6AN136

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. HALSEY, RAINS & ASSOCIATES, LLC 2111 WILSON BLVD SUITE 800 ARLINGTON VA 22201	PAC MNGT & ADM. EXPENSES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/5/98	3,555.01
B. NOVA INFORMATION SYSTEMS INC 7207 CHAPMAN HWY KNOXVILLE TN 37920	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/15/98	89.10
C. AMERICAN EXPRESS SERVICE CENTER @ FT. LAUDERDALE P.O.BOX 297812 FT. LAUDERDALE, FL 33329	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/15/98	12.50
D. HALSEY, RAINS & ASSOCIATES, LLC 2111 WILSON BLVD SUITE 800 ARLINGTON VA 22201	PAC MNGT & ADM.EXPENSES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/5/98	1,904.45
E. AMERICAN EXPRESS SERVICE CENTER @ FT. LAUDERDALE P.O.BOX 297812 FT. LAUDERDALE, FL 33329	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/15/98	14.38
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 5,575.44

TOTAL This Period (last page this line number only) 5,575.44

FE7AN047

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 12-8-98
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
JEN PREPARER		12-8-98 DATE PREPARED

(4/98)