REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
JAN 29 10 34 AM '99

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) ☐ Check if different than previously reported
2296 Henderson Mill Road Suite 206

CITY, STATE and ZIP CODE
Atlanta, GA 30345

2. FEC IDENTIFICATION NUMBER
C00331017

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

4. TYPE OF REPORT

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

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

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

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Nov. 24, 1998 through Dec. 31, 1998		$ 2,250.00
6. (a) Cash on Hand January 1, 19 98	$ 6,773.54	
(b) Cash on Hand at Beginning of Reporting Period	$ 4,081.00	$ 95,354.96
(c) Total Receipts (from Line 18)	$	$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 118.00	$ 86,868.42
7. Total Disbursements (from Line 30)	$ 10,736.54	$ 10,736.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ -0-	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 Busby

Signature of Treasurer
Wynn Busby

Date
1-28-99

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)

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 11/24/98 TO: 12/31/98

	COLUMN A Total/This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	3,741.00	78,627.00	11a(i)
i. Itemized (use Schedule A)	340.00	15,727.96	11a(ii)
ii. Unitemized	4,081.00	94,354.96	11a(iii)
iii. Total (add i and ii) ➤			11b
b. Political Party Committees			11c
c. Other Political Committees (such as PACs)			11d
d. Total Contributions (add a iii, b and c) ➤	4,081.00	94,354.96	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		1,000.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	4,081.00	95,354.96	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,081.00	95,354.96	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	118.00	84,868.42	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees		2,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements	118.00	86,868.42	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	118.00	86,868.42	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,081.00	94,354.96	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,081.00	94,354.96	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	118.00	84,868.42	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	118.00	84,868.42	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11ai

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

NAME OF COMMITTEE (In Full): American Association of Physician Specialists, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Rita C. Abejo 605 N Kenilworth Oak Park, IL 60302 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Associated Radiologists of Joliet Occupation: Physician Aggregate Year-to-Date > $ 600.00	11/25/98	$600.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Scott G. Barnes 3513 Schoolhouse Lane Harrisburg, PA 17109 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Bronstein/Jeffries Occupation: Physician Aggregate Year-to-Date > $ 1,100.00	12/4/98	$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Michael W. Beasley 1022 Crapo Lake Trail West Branch, MI 48661 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Sterling Health Care Occupation: Physician Aggregate Year-to-Date > $ 300.00	12/4/98 12/31/98	$ 50.00 $ 50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John D. Boldan P.O. Box 1200 Sault Sainte Marie, MI 49783 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dr. John D. Boldan Occupation: Self-employed Physician Aggregate Year-to-Date > $ 250.00	12/9/98	$ 50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Hernan Brizuela 34 Latham Park Elkins Park, PA 19027 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Temple Physician Inc. Occupation: Physician Aggregate Year-to-Date > $ 600.00	12/4/98 12/31/98	$ 50.00 $ 50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Joseph Cohen 4770 Baseline Suite 220 Boulder, CO 80303 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Dr. Joseph Cohen Occupation: Self-employed Physician Aggregate Year-to-Date > $ 300.00	12/31/98	$ 50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Adrian L. dela Torre, Jr. 42103 Mohave Rose Drive Lancaster, CA 93536 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Dr. Adrian L. dela Torre, Jr. Occupation: Self-employed Physician Aggregate Year-to-Date > $ 913.00	12/4/98 12/31/98	$ 83.00 $ 83.00

SUBTOTAL of Receipts This Page (optional) $1,166.00

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

FOR LINE NUMBER 11a1

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

NAME OF COMMITTEE (In Full): American Association of Physician Specialists, Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Ernest C. Dunn, Jr. PO Box 729 Bayboro, NC 28515 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Pemlico Medical Center Occupation: Physician Aggregate Year-to-Date > $ 550.00	12/4/98 12/31/98	$50.00 $50.00
B. Dr. Thomas Ebner 329 New Hudson Aurora, OH 44202 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Dr. Thomas Ebner Occupation: Self-employed Physician Aggregate Year-to-Date > $ 600.00	12/4/98 12/31/98	$50.00 $50.00
C. Dr. Charles F. Fatseas 51 Bogastow Brook Road Sherborn, MA 01770 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Dr. Charles F. Fatseas Occupation: Self-employed Physician Aggregate Year-to-Date > $ 350.00	12/4/98 12/31/98	$50.00 $50.00
D. Cpt. Charles M. House 1300 Douglas Circle Key West, FL 33040 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	U.S. Navy Occupation: Physician Aggregate Year-to-Date > $ 600.00	12/4/98 12/31/98	$100.00 $100.00
E. Dr. Jerry R. Majers 6200 SW Vorse Road Auburn, KS 66402 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	VA Occupation: Physician Aggregate Year-to-Date > $ 325.00	12/4/98 12/31/98	$50.00 $50.00
F. Paul F. Malinda 1015 Gregory Way Drive Kernersville, NC 27284 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Paul F. Malinda Occupation: Self-employed Physician Aggregate Year-to-Date > $ 500.00	12/22/98	$500.00
G. Dr. 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 > $ 450.00	12/4/98 12/31/98	$50.00 $50.00

SUBTOTAL of Receipts This Page (optional) $1,200.00

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

FOR LINE NUMBER 11ai

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
Dr. Kent D. Miller 2710 St. Francis Dr. Square Waterloo, IA 50702 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Covenent Health Systems Occupation: Physician Aggregate Year-to-Date > $ 600.00	12/4/98 12/31/98	$50.00 $50.00
Dr. Stephen A. Montes 701 West Wedgewood Muskegon, MI 49445 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dr. Stephen A. Montes Occupation: Self-employed Physician Aggregate Year-to-Date > $ 300.00	12/4/98 12/31/98	$50.00 $50.00
Dr. 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 > $ 550.00	12/4/98 12/31/98	$50.00 $50.00
Dr. F.M. Schultz 2410 Crockett Drive Brownwood, TX 76801 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dr. F.M. Schultz Occupation: Self-employed Physician Aggregate Year-to-Date > $ 1,350.00	12/4/98 12/31/98	$100.00 $100.00
Dr. 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 > $ 625.00	12/4/98	$25.00
Dr. Thanh Thai 3965 Cypress Landing West Winter Haven, FL 33884 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Osceola Cty. Public Health U Occupation: Physician Aggregate Year-to-Date > $ 1,200.00	12/22/98	$600.00
Dr. Helen Trew 2921 Doctors Park Drive Medford, OR 97504 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dr. Helen Trew Occupation: Self-employed Physician Aggregate Year-to-Date > $ 450.00	12/31/98	$50.00

SUBTOTAL of Receipts This Page (optional) $1,175.00

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

FOR LINE NUMBER 11ai

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

NAME OF COMMITTEE (In Full): American Association of Physician Specialists, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ata Ulhaq PO Box 364 Du Bois, PA 15801 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Du Bois Regional Medical Center Occupation: Physician Aggregate Year-to-Date > $ 400.00	12/4/98 12/31/98	$50.00 $50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Daniel D. Wert 1261 Hunsicker Road Lancaster, PA 17601 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dr. Daniel D. Wert, Retired Occupation: Retired Physician Aggregate Year-to-Date > $ 600.00	12/4/98 12/31/98	$50.00 $50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $200.00

TOTAL This Period (last page this line number only) $3,741.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21c

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank P.O. Box 4899 Atlanta, GA 30302-4899	Check order	12/3/98	$43.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [X] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
American Express Service Center @ Ft. Lauderdale P.O. Box 297812 Fort Lauderdale, FL 33329	Credit card fees	12/8/98	$12.49
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [X] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
NationsBank P.O. Box 4899 Atlanta, GA 30302-4899	Check order	12/10/98	$11.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [X] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
NOVA Information Systems, Inc. 7207 Chapman Hwy Knoxville, TN 32920	Credit Card fees	12/22/98	$40.90
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [X] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
American Express Service Center @ Ft. Lauderdale P.O. Box 297812 Fort Lauderdale, FL 33329	Credit card fees	12/31/98	$10.61
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**

SUBTOTAL of Disbursements This Page (optional)	$118.00
TOTAL This Period (last page this line number only)	$118.00

FE7AND47

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 1/29/99
☐	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	

DC
PREPARER

1/29/99
DATE PREPARED

(4/98)