REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 17 A 11:48

1. NAME OF COMMITTEE (in full)

AAPSPAC

ADDRESS (number and street)

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 21

☐ Twelfth day report preceding _____ election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

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

SUMMARY 5. Covering Period 01/01/2000 through 03/31/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		$40,458.22
(b) Cash on Hand at Beginning of Reporting Period	$0.00	
(c) Total Receipts (from Line 19)	$19,566.00	$19,566.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$19,566.00	$60,024.22
7. Total Disbursements (from Line 30)	$4,985.24	$4,985.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$14,580.76	$55,038.98
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 202-219-3420

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 E. Busby Vice Treasurer Christina M. Silvers

Signature of Treasurer Vice Treasurer CMS

Date 04/13/2000

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

Name of Committee: AAPSPAC — C00331017

REPORT COVERING PERIOD FROM 01/01/2000 TO 03/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$16,000.00	$16,000.00	11(a)(i)
ii. Unitemized	$3,566.00	$3,566.00	11(a)(ii)
iii. Total (add i and ii)	$19,566.00	$19,566.00	11(a)(iii)
b. Political Party Committees	$0.00	$0.00	11(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	11(c)
d. Total Contributions (add a iii, b and c)	$19,566.00	$19,566.00	11(d)
12. Transfers From Affiliated/Other Party Committees	$0.00	$0.00	12
13. All Loans Received	$0.00	$0.00	13
14. Loan Repayments Received	$0.00	$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	$0.00	$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	$0.00	$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$0.00	$0.00	17
18. Transfers from Nonfederal Account for Joint Activity	$0.00	$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	$19,566.00	$19,566.00	19
20. Total Federal Receipts (subtract line 18 from line 19)	$19,566.00	$19,566.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	$0.00	$0.00	21(a)(i)
ii. Non-Federal Share	$0.00	$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	$3,985.24	$3,985.24	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	$3,985.24	$3,985.24	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$1,000.00	$1,000.00	23
24. Independent Expenditures (use Schedule E)	$0.00	$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	$0.00	$0.00	25
26. Loan Repayments Made	$0.00	$0.00	26
27. Loans Made	$0.00	$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	$0.00	$0.00	28(a)
b. Political Party Committees	$0.00	$0.00	28(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	$0.00	$0.00	28(d)
29. Other Disbursements	$0.00	$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	$4,985.24	$4,985.24	30
31. Total Federal Disbursements (subtract line 21 ai from line 30)	$4,985.24	$4,985.24	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	$19,566.00	$19,566.00	32
33. Total Contribution Refunds (from line 28d)	$0.00	$0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	$19,566.00	$19,566.00	34
35. Total Federal Operating Expenditures (add 21 ai and 21 b)	$3,985.24	$3,985.24	35
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	$3,985.24	$3,985.24	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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)
AAPSPAC **C00331017**

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Agustsson-Mathers, Ann, Dr. 5804 Elaine Drive Rockford IL 61108 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Psychiatrist Aggregate Year-to-Date > $600.00	03/01/2000	$600.00
B. Alvarado, Carlos A., Dr. 11417 Mt. Gleason Tujunga CA 91042 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $500.00	01/11/2000	$500.00
C. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $600.00	03/31/2000	$200.00
D. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $600.00	01/27/2000	$200.00
E. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $600.00	02/29/2000	$200.00
F. Campbell, Thomas K., Dr. P. O. Box 100 Bradford TN 38316 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	West TN Healthcare Physician Aggregate Year-to-Date > $700.00	02/03/2000	$500.00
G. Campbell, Thomas K., Dr. P. O. Box 100 Bradford TN 38316 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	West TN Healthcare Physician Aggregate Year-to-Date > $700.00	03/28/2000	$200.00

SUBTOTAL of Receipts This Page (optional) >	$2,400.00
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 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
AAPSPAC

C00331017

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Huitt, Carlton D., Dr. PO Box 360 Lusk WY 82225 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $300.00	03/01/2000	$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Howite, Norman H., Dr. 1563 Center Avenue Fort Lee NJ 07024 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Dermatology Associates, Inc. Physician Aggregate Year-to-Date > $250.00	01/27/2000	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kelly, Ralph H., Dr. PO Box 307 1245 S. Mill St. Nashville IL 62263 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	SSM Physician Aggregate Year-to-Date > $500.00	01/27/2000	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
King, Edward W., Dr. 513 10th Avenue Myrtle Beach SC 29575 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $250.00	01/05/2000	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Team Health Physician Aggregate Year-to-Date > $300.00	03/31/2000	$100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Team Health Physician Aggregate Year-to-Date > $300.00	01/11/2000	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marciniak, Douglas 3101 S.E. 14th Street Bentonville AR 72712 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Mercy Health System Physician Aggregate Year-to-Date > $600.00	03/06/2000	$600.00

SUBTOTAL of Receipts This Page (optional) >	$2,200.00
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 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
AAPSPAC CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Schoen, Mitchell J., Dr. 10323 Tennessee Ave. Los Angeles CA 90064 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self-Employed Physician Aggregate Year-to-Date > $500.00	03/01/2000	$200.00
B. Schoen, Mitchell J., Dr. 10323 Tennessee Ave. Los Angeles CA 90064 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self-Employed Physician Aggregate Year-to-Date > $500.00	03/11/2000	$200.00
C. Schoen, Mitchell J., Dr. 10323 Tennessee Ave. Los Angeles CA 90064 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self-Employed Physician Aggregate Year-to-Date > $500.00	01/05/2000	$100.00
D. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $300.00	02/29/2000	$100.00
E. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $300.00	03/31/2000	$100.00
F. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $300.00	01/27/2000	$100.00
G. Stillie, G. D., Dr. PO Box 22508 Kansas City MO 64113 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $600.00	03/01/2000	$600.00

SUBTOTAL of Receipts This Page (optional) > $1,400.00

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Other Operating Expenditures

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

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. American Express P. O. Box 53852 Phoenix AZ 85072	Professional Services Settlement Period Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	02/03/2000	$25.61
B. Cobbwebb Communications, Inc. P. O. Box 5238 Marietta GA 30061	Office Expenses computer software Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	03/15/2000	$85.00
C. Cobbwebb Communications, Inc. P. O. Box 5238 Marietta GA 30061	Professional Services Computer Software Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	01/27/2000	$25.00
D. Friends/ Sessions/Senate Comm P. O. Box 4278 Montgomery AL 36103	Political Contributions Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	02/09/2000	$2,000.00
E. Johnson And Scarborough CPAs 2571 Chain Bridge Road Vienna VA 22181	Professional Services $529.45 1st Qtr, Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	03/02/2000	$1,129.45
F. Johnson And Scarborough CPAs 2571 Chain Bridge Road Vienna VA 22181	Professional Services Prep of 2nd Qtr 99 FEC Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	01/07/2000	$600.00
G. National Graphics Street Required City ST 00000	Professional Services Professional Services Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	03/15/2000	$79.18
H. Nova Information Systems 7300 Chapman High Knoxville TN 37920	Professional Services Credit Card Processing Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	01/27/2000	$41.00
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) $3,985.24

TOTAL This Period (last page this line number only) $3,985.24

SCHEDULE B ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AAPSPAC C00331017

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Hoeffel For Congress 700 East Johnson Hwy. Norristown PA 19401	Rep. Joseph Hoeffel III House 13 (P Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	03/29/2000	$1,000.00
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
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
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
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
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
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
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
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)	$1,000.00
TOTAL This Period (last page this line number only)	$1,000.00

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 4-17-00
☐	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	

LEG	4-17-00
PREPARER	DATE PREPARED

(4/96)