08/01/2001 14 : 49

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

AAPSPAC

ADDRESS (number and street) ▼ 2296 Henderson Mill Road

Suite 206

Check if different than previously reported. (ACC)

Atlanta | GA | 30345 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00331017

3. IS THIS REPORT — X 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)

X 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 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12S)

Election on — in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on — in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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 07 31 2001

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
AAPSPAC

Report Covering the Period: From: 01 01 2001 To: 06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		64509.19
(b) Cash on Hand at Begining of Reporting Period	64509.19	
(c) Total Receipts (from Line 19)	29674.00	29674.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94183.19	94183.19
7. Total Disbursements (from Line 30)	17741.34	17741.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76441.85	76441.85
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	

11 01 2002 GA

X 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 800-420-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

AAPSPAC

Report Covering the Period: From: 01 01 2001 To: 06 30 2001

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)	23929.00	
(ii) Unitemized	5745.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	29674.00	29674.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	29674.00	29674.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	29674.00	29674.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	29674.00	29674.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	10741.34	10741.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	10741.34	10741.34
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	7000.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	17741.34	17741.34
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	17741.34	17741.34
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	29674.00	29674.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	29674.00	29674.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	10741.34	10741.34
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	10741.34	10741.34

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 5 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Carlos A. Alvarado
Mailing Address: 11417 Mt. Gleason
City: Tujunga State: CA Zip Code: 91042
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 29 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1288

B.
Full Name (Last, First, Middle Initial): Dr. John T. Bailey
Mailing Address: 2100 Centerville Rd., Suite D
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1174

C.
Full Name (Last, First, Middle Initial): Dr. John T. Bailey
Mailing Address: 2100 Centerville Rd., Suite D
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1232

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 6 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. John T. Bailey
Mailing Address: 2100 Centerville Rd., Suite D
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1148

B.
Full Name (Last, First, Middle Initial): Dr. John T. Bailey
Mailing Address: 2100 Centerville Rd., Suite D
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1208

C.
Full Name (Last, First, Middle Initial): Dr. John T. Bailey
Mailing Address: 2100 Centerville Rd., Suite D
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1285

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 7 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. John T. Bailey
Mailing Address: 2100 Centerville Rd., Suite D
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1349

B.
Full Name (Last, First, Middle Initial): Dr. Scott G. Barnes
Mailing Address: 3513 Schoolhouse Lane
City: Harrisburg State: PA Zip Code: 17109
FEC ID number of contributing federal political committee.
Name of Employer: Bronstein/Jeffries
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 2300.00
Date of Receipt: 04 28 2001
Amount of Each Receipt this Period: 1000.00
Contribution
Transaction ID: SA11ai-CN1222

C.
Full Name (Last, First, Middle Initial): Dr. Scott G. Barnes
Mailing Address: 3513 Schoolhouse Lane
City: Harrisburg State: PA Zip Code: 17109
FEC ID number of contributing federal political committee.
Name of Employer: Bronstein/Jeffries
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 2300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 300.00
Contribution
Transaction ID: SA11ai-CN1340

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1350.00**

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 / 59

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Scott G. Barnes
Mailing Address
3513 Schoolhouse Lane
City: Harrisburg State: PA Zip Code: 17109
FEC ID number of contributing federal political committee.
Name of Employer: Bronstein/Jeffries
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 2300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 200.00
Contribution
Transaction ID: SA11ai-CN1185

B.
Full Name (Last, First, Middle Initial)
Dr. Scott G. Barnes
Mailing Address
3513 Schoolhouse Lane
City: Harrisburg State: PA Zip Code: 17109
FEC ID number of contributing federal political committee.
Name of Employer: Bronstein/Jeffries
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 2300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 200.00
Contribution
Transaction ID: SA11ai-CN1242

C.
Full Name (Last, First, Middle Initial)
Dr. Scott G. Barnes
Mailing Address
3513 Schoolhouse Lane
City: Harrisburg State: PA Zip Code: 17109
FEC ID number of contributing federal political committee.
Name of Employer: Bronstein/Jeffries
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 2300.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 200.00
Contribution
Transaction ID: SA11ai-CN1160

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 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Scott G. Barnes
Mailing Address: 3513 Schoolhouse Lane
City: Harrisburg State: PA Zip Code: 17109
FEC ID number of contributing federal political committee.
Name of Employer: Bronstein/Jeffries
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 2300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 200.00
Contribution
Transaction ID: SA11ai-CN1217

B.
Full Name (Last, First, Middle Initial): Dr. Scott G. Barnes
Mailing Address: 3513 Schoolhouse Lane
City: Harrisburg State: PA Zip Code: 17109
FEC ID number of contributing federal political committee.
Name of Employer: Bronstein/Jeffries
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 2300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 200.00
Contribution
Transaction ID: SA11ai-CN1276

C.
Full Name (Last, First, Middle Initial): Dr. Michael W. Beasley
Mailing Address: 1022 Crapo Lake Trail
City: West Branch State: MI Zip Code: 48661
FEC ID number of contributing federal political committee.
Name of Employer: Sterling Health Care
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 400.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1181

SUBTOTAL of Receipts This Page (optional) ..... ▶ **450.00**

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 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Michael W. Beasley

Mailing Address
1022 Crapo Lake Trail

City: West Branch | State: MI | Zip Code: 48661

FEC ID number of contributing federal political committee.

Name of Employer: Sterling Health Care
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 01 31 2001

Amount of Each Receipt this Period: 50.00

Contribution

Transaction ID: SA11ai-CN1185

B.
Full Name (Last, First, Middle Initial)
Dr. Michael W. Beasley

Mailing Address
1022 Crapo Lake Trail

City: West Branch | State: MI | Zip Code: 48661

FEC ID number of contributing federal political committee.

Name of Employer: Sterling Health Care
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 29 2001

Amount of Each Receipt this Period: 100.00

Contribution

Transaction ID: SA11ai-CN1269

C.
Full Name (Last, First, Middle Initial)
Dr. Michael W. Beasley

Mailing Address
1022 Crapo Lake Trail

City: West Branch | State: MI | Zip Code: 48661

FEC ID number of contributing federal political committee.

Name of Employer: Sterling Health Care
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 31 2001

Amount of Each Receipt this Period: 50.00

Contribution

Transaction ID: SA11ai-CN1293

SUBTOTAL of Receipts This Page (optional) ..... ▶ **200.00**

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 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Michael W. Beasley

Mailing Address
1022 Crapo Lake Trail

City: West Branch State: MI Zip Code: 48661

FEC ID number of contributing federal political committee.

Name of Employer: Sterling Health Care
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify)
Primary Election

Aggregate Year-to-Date: 400.00

Date of Receipt: 03 29 2001

Amount of Each Receipt this Period: 50.00

Contribution

Transaction ID: SA11ai-CN1212

B.
Full Name (Last, First, Middle Initial)
Dr. Michael W. Beasley

Mailing Address
1022 Crapo Lake Trail

City: West Branch State: MI Zip Code: 48661

FEC ID number of contributing federal political committee.

Name of Employer: Sterling Health Care
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify)
Primary Election

Aggregate Year-to-Date: 400.00

Date of Receipt: 06 28 2001

Amount of Each Receipt this Period: 50.00

Contribution

Transaction ID: SA11ai-CN1357

C.
Full Name (Last, First, Middle Initial)
Dr. Michael W. Beasley

Mailing Address
1022 Crapo Lake Trail

City: West Branch State: MI Zip Code: 48661

FEC ID number of contributing federal political committee.

Name of Employer: Sterling Health Care
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify)
Primary Election

Aggregate Year-to-Date: 400.00

Date of Receipt: 04 30 2001

Amount of Each Receipt this Period: 50.00

Contribution

Transaction ID: SA11ai-CN1235

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 12 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Heman R. Brizuela
Mailing Address: 34 Latham Park
City: Elkins Park State: PA Zip Code: 19027
FEC ID number of contributing federal political committee.
Name of Employer: Temple Physician Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1189

B.
Full Name (Last, First, Middle Initial): Dr. Heman R. Brizuela
Mailing Address: 34 Latham Park
City: Elkins Park State: PA Zip Code: 19027
FEC ID number of contributing federal political committee.
Name of Employer: Temple Physician Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1279

C.
Full Name (Last, First, Middle Initial): Dr. Heman R. Brizuela
Mailing Address: 34 Latham Park
City: Elkins Park State: PA Zip Code: 19027
FEC ID number of contributing federal political committee.
Name of Employer: Temple Physician Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1332

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 13 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Heman R. Brizuela
Mailing Address
34 Latham Park
City: Elkins Park State: PA Zip Code: 19027
FEC ID number of contributing federal political committee.
Name of Employer: Temple Physician Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1213

B.
Full Name (Last, First, Middle Initial)
Dr. Heman R. Brizuela
Mailing Address
34 Latham Park
City: Elkins Park State: PA Zip Code: 19027
FEC ID number of contributing federal political committee.
Name of Employer: Temple Physician Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00

Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1156

C.
Full Name (Last, First, Middle Initial)
Dr. Heman R. Brizuela
Mailing Address
34 Latham Park
City: Elkins Park State: PA Zip Code: 19027
FEC ID number of contributing federal political committee.
Name of Employer: Temple Physician Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00

Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1237

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Thomas K. Campbell
Mailing Address: P. O. Box 100
City: Bradford | State: TN | Zip Code: 38316
FEC ID number of contributing federal political committee.
Name of Employer: West TN Healthcare | Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 21 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1253

B.
Full Name (Last, First, Middle Initial): Dr. Steven G. Carin, Jr.
Mailing Address: 040 Grosvenor Hall
City: Athens | State: OH | Zip Code: 45701
FEC ID number of contributing federal political committee.
Name of Employer: Ohio University | Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1327

C.
Full Name (Last, First, Middle Initial): Dr. Patsy P. Cipolatti, Jr.
Mailing Address: 1421 Commerce Street
City: Wellsburg | State: WV | Zip Code: 26070
FEC ID number of contributing federal political committee.
Name of Employer: self | Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 300.00
Contribution
Transaction ID: SA11ai-CN1329

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Christopher L. Clark
Mailing Address
215 East Grand Ave.
City: Old Orchard Beach State: ME Zip Code: 04064
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 04 2001
Amount of Each Receipt this Period: 1000.00
Contribution
Transaction ID: SA11ai-CN1298

B.
Full Name (Last, First, Middle Initial)
Dr. Mark S. Clippinger
Mailing Address
120 Knopps Landing Road
City: Selah State: WA Zip Code: 98942
FEC ID number of contributing federal political committee.
Name of Employer: Providence Toppenish Hospital
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 16 2001
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11ai-CN1192

C.
Full Name (Last, First, Middle Initial)
Dr. Mark S. Clippinger
Mailing Address
120 Knopps Landing Road
City: Selah State: WA Zip Code: 98942
FEC ID number of contributing federal political committee.
Name of Employer: Providence Toppenish Hospital
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 04 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1307

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

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 16 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Richard Cressey
Mailing Address: 2000 Commonwealth Ave.
City: Brighton State: MA Zip Code: 02135
FEC ID number of contributing federal political committee.
Name of Employer: Lawrence General Hospital
Occupation: Physician
Receipt For: 2002
[X] Primary [ ] General
Other (specify): Primary Election
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 1000.00
Contribution
Transaction ID: SA11ai-CN1380

B.
Full Name (Last, First, Middle Initial): Dr. Loren A. Crown
Mailing Address: 1529 Roane
City: Covington State: TN Zip Code: 38019
FEC ID number of contributing federal political committee.
Name of Employer: University of Tennessee
Occupation: Physician
Receipt For: 2002
[X] Primary [ ] General
Other (specify): Primary Election
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11ai-CN1325

C.
Full Name (Last, First, Middle Initial): Dr. Adrian L. de la Torre, Jr.
Mailing Address: 42103 Mohave Rose Drive
City: Lancaster State: CA Zip Code: 93536
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
[X] Primary [ ] General
Other (specify): Primary Election
Aggregate Year-to-Date: 504.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 84.00
Contribution
Transaction ID: SA11ai-CN1187

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1334.00**

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 17 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Adrian L. de la Torre, Jr.
Mailing Address
42103 Mohave Rose Drive
City: Lancaster State: CA Zip Code: 93536
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 504.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 84.00
Contribution
Transaction ID: SA11ai-CN1334

B.
Full Name (Last, First, Middle Initial)
Dr. Adrian L. de la Torre, Jr.
Mailing Address
42103 Mohave Rose Drive
City: Lancaster State: CA Zip Code: 93536
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 504.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 84.00
Contribution
Transaction ID: SA11ai-CN1278

C.
Full Name (Last, First, Middle Initial)
Dr. Adrian L. de la Torre, Jr.
Mailing Address
42103 Mohave Rose Drive
City: Lancaster State: CA Zip Code: 93536
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 504.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 84.00
Contribution
Transaction ID: SA11ai-CN1240

SUBTOTAL of Receipts This Page (optional) ..... ▶ **252.00**

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 18 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Adrian L. de la Torre, Jr.
Mailing Address
42103 Mohave Rose Drive
City: Lancaster State: CA Zip Code: 93536
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 504.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 84.00
Contribution
Transaction ID: SA11ai-CN1182

B.
Full Name (Last, First, Middle Initial)
Dr. Adrian L. de la Torre, Jr.
Mailing Address
42103 Mohave Rose Drive
City: Lancaster State: CA Zip Code: 93536
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 504.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 84.00
Contribution
Transaction ID: SA11ai-CN1219

C.
Full Name (Last, First, Middle Initial)
Kenneth Fikwe
Mailing Address
6100 Boston Rd
City: Roxboro State: NC Zip Code: 27573
FEC ID number of contributing federal political committee.
Name of Employer: person Emergency Physicians
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1224

SUBTOTAL of Receipts This Page (optional) ..... ▶ **218.00**

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 19 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Kenneth Flowe
Mailing Address
6100 Boston Rd
City: Roxboro State: NC Zip Code: 27573
FEC ID number of contributing federal political committee.
Name of Employer: person Emergency Physicians
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1176

B.
Full Name (Last, First, Middle Initial)
Kenneth Flowe
Mailing Address
6100 Boston Rd
City: Roxboro State: NC Zip Code: 27573
FEC ID number of contributing federal political committee.
Name of Employer: person Emergency Physicians
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 25.00
Contribution
Transaction ID: SA11ai-CN1350

C.
Full Name (Last, First, Middle Initial)
Kenneth Flowe
Mailing Address
6100 Boston Rd
City: Roxboro State: NC Zip Code: 27573
FEC ID number of contributing federal political committee.
Name of Employer: person Emergency Physicians
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1287

SUBTOTAL of Receipts This Page (optional) ..... ▶ **125.00**

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 20 / 59

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Kenneth Flowe
Mailing Address
6100 Boston Rd
City: Roxboro State: NC Zip Code: 27573
FEC ID number of contributing federal political committee.
Name of Employer: person Emergency Physicians
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1200

B.
Full Name (Last, First, Middle Initial)
Dr. Robert Geller
Mailing Address
1012 Kingston Drive
City: Cherry Hill State: NJ Zip Code: 08034
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Valley Health Care
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1163

C.
Full Name (Last, First, Middle Initial)
Dr. Robert Geller
Mailing Address
1012 Kingston Drive
City: Cherry Hill State: NJ Zip Code: 08034
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Valley Health Care
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1277

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Robert Geller
Mailing Address: 1012 Kingston Drive
City: Cherry Hill State: NJ Zip Code: 08034
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Valley Health Care
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1186

B.
Full Name (Last, First, Middle Initial): Dr. Robert Geller
Mailing Address: 1012 Kingston Drive
City: Cherry Hill State: NJ Zip Code: 08034
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Valley Health Care
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1243

C.
Full Name (Last, First, Middle Initial): Dr. Robert Geller
Mailing Address: 1012 Kingston Drive
City: Cherry Hill State: NJ Zip Code: 08034
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Valley Health Care
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1220

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Robert Geller
Mailing Address
1D12 Kingston Drive
City: Cherry Hill State: NJ Zip Code: 08034
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Valley Health Care
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1337

B.
Full Name (Last, First, Middle Initial)
Dr. Sarah E. Gilbert
Mailing Address
18 Sevilla Road
City: Andover State: MA Zip Code: 01810
FEC ID number of contributing federal political committee.
Name of Employer: SJEA
Occupation: Physician
Receipt For: 2000
Primary X General
Other (specify) ▼ General Election
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 05 2001
Amount of Each Receipt this Period: 1000.00
Contribution
Transaction ID: SA11ai-CN1144

C.
Full Name (Last, First, Middle Initial)
Dr. Gary A. Goforth
Mailing Address
1245 South Miill Street
City: Nashville State: IL Zip Code: 62263
FEC ID number of contributing federal political committee.
Name of Employer: Family Medical Center
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 21 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1193

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1550.00**

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 23 / 59

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Hinda M. Greene
Mailing Address
2330 NE 47th Street
City: Pompano Beach State: FL Zip Code: 33064
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 800.00
Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1318

B.
Full Name (Last, First, Middle Initial)
Dr. Hinda M. Greene
Mailing Address
2330 NE 47th Street
City: Pompano Beach State: FL Zip Code: 33064
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 800.00
Date of Receipt: 02 27 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1168

C.
Full Name (Last, First, Middle Initial)
Cpt. Charles M. House
Mailing Address
1900 Douglas Circle
City: Key West State: FL Zip Code: 33040
FEC ID number of contributing federal political committee.
Name of Employer: U.S. Navy
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 610.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1230

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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 24 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Cpt Charles M. House
Mailing Address
1300 Douglas Circle
City: Key West State: FL Zip Code: 33040
FEC ID number of contributing federal political committee.
Name of Employer: U.S. Navy
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 610.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1173

B.
Full Name (Last, First, Middle Initial)
Cpt Charles M. House
Mailing Address
1300 Douglas Circle
City: Key West State: FL Zip Code: 33040
FEC ID number of contributing federal political committee.
Name of Employer: U.S. Navy
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 610.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1209

C.
Full Name (Last, First, Middle Initial)
Cpt Charles M. House
Mailing Address
1300 Douglas Circle
City: Key West State: FL Zip Code: 33040
FEC ID number of contributing federal political committee.
Name of Employer: U.S. Navy
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 610.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1151

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 25 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Cpt Charles M. House
Mailing Address
1300 Douglas Circle
City: Key West State: FL Zip Code: 33040
FEC ID number of contributing federal political committee.
Name of Employer: U.S. Navy
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 610.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1284

B.
Full Name (Last, First, Middle Initial)
Cpt Charles M. House
Mailing Address
1300 Douglas Circle
City: Key West State: FL Zip Code: 33040
FEC ID number of contributing federal political committee.
Name of Employer: U.S. Navy
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 610.00
Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 10.00
Contribution
Transaction ID: SA11ai-CN1312

C.
Full Name (Last, First, Middle Initial)
Cpt Charles M. House
Mailing Address
1300 Douglas Circle
City: Key West State: FL Zip Code: 33040
FEC ID number of contributing federal political committee.
Name of Employer: U.S. Navy
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 610.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1353

SUBTOTAL of Receipts This Page (optional) ..... ▶ **210.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Robert K. Ikwite
Mailing Address
505 Omni Drive
City: Somerville State: NJ Zip Code: 08876
FEC ID number of contributing federal political committee.
Name of Employer: Dermatology Associates, Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1149

B.
Full Name (Last, First, Middle Initial)
Dr. Robert K. Ikwite
Mailing Address
505 Omni Drive
City: Somerville State: NJ Zip Code: 08876
FEC ID number of contributing federal political committee.
Name of Employer: Dermatology Associates, Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1205

C.
Full Name (Last, First, Middle Initial)
Dr. Robert K. Ikwite
Mailing Address
505 Omni Drive
City: Somerville State: NJ Zip Code: 08876
FEC ID number of contributing federal political committee.
Name of Employer: Dermatology Associates, Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1352

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Robert K. Ikwite
Mailing Address: 505 Omni Drive
City: Somerville State: NJ Zip Code: 08876
FEC ID number of contributing federal political committee.
Name of Employer: Dermatology Associates, Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1282

B.
Full Name (Last, First, Middle Initial): Dr. Robert K. Ikwite
Mailing Address: 505 Omni Drive
City: Somerville State: NJ Zip Code: 08876
FEC ID number of contributing federal political committee.
Name of Employer: Dermatology Associates, Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1171

C.
Full Name (Last, First, Middle Initial): Dr. Robert K. Ikwite
Mailing Address: 505 Omni Drive
City: Somerville State: NJ Zip Code: 08876
FEC ID number of contributing federal political committee.
Name of Employer: Dermatology Associates, Inc.
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1229

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Deann W. Isackson
Mailing Address
10907 SE 66th Street
City: Renton State: WA Zip Code: 98056
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
[X] Primary [ ] General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 04 2001
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11ai-CN1299

B.
Full Name (Last, First, Middle Initial)
Dr. Peter Lemeks
Mailing Address
65 Spoonbill Road
City: Lake Worth State: FL Zip Code: 33462
FEC ID number of contributing federal political committee.
Name of Employer: Team Health
Occupation: Physician
Receipt For: 2002
[X] Primary [ ] General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 620.00
Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 20.00
Contribution
Transaction ID: SA11ai-CN1316

C.
Full Name (Last, First, Middle Initial)
Dr. Peter Lemeks
Mailing Address
65 Spoonbill Road
City: Lake Worth State: FL Zip Code: 33462
FEC ID number of contributing federal political committee.
Name of Employer: Team Health
Occupation: Physician
Receipt For: 2002
[X] Primary [ ] General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 620.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1215

SUBTOTAL of Receipts This Page (optional) ..... ▶ **370.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Peter Lemeles
Mailing Address: 65 Spoonbill Road
City: Lake Worth State: FL Zip Code: 33462
FEC ID number of contributing federal political committee.
Name of Employer: Team Health
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 620.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1335

B.
Full Name (Last, First, Middle Initial): Dr. Peter Lemeles
Mailing Address: 65 Spoonbill Road
City: Lake Worth State: FL Zip Code: 33462
FEC ID number of contributing federal political committee.
Name of Employer: Team Health
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 620.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1191

C.
Full Name (Last, First, Middle Initial): Dr. Peter Lemeles
Mailing Address: 65 Spoonbill Road
City: Lake Worth State: FL Zip Code: 33462
FEC ID number of contributing federal political committee.
Name of Employer: Team Health
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 620.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1281

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

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Peter Lamelas
Mailing Address: 65 Spoonbill Road
City: Lake Worth State: FL Zip Code: 33462
FEC ID number of contributing federal political committee.
Name of Employer: Team Health
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 820.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1239

B.
Full Name (Last, First, Middle Initial): Dr. Peter Lamelas
Mailing Address: 65 Spoonbill Road
City: Lake Worth State: FL Zip Code: 33462
FEC ID number of contributing federal political committee.
Name of Employer: Team Health
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 820.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1158

C.
Full Name (Last, First, Middle Initial): Dr. Robert M. Liegner
Mailing Address: 227 Center Grove Road
City: Randolph State: NJ Zip Code: 07869
FEC ID number of contributing federal political committee.
Name of Employer: Emcare
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 21 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1249

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Jerry R. Majors
Mailing Address
6200 SW Vorse Road
City: Auburn State: KS Zip Code: 66402
FEC ID number of contributing federal political committee.
Name of Employer: VA
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1359

B.
Full Name (Last, First, Middle Initial)
Dr. Jerry R. Majors
Mailing Address
6200 SW Vorse Road
City: Auburn State: KS Zip Code: 66402
FEC ID number of contributing federal political committee.
Name of Employer: VA
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1211

C.
Full Name (Last, First, Middle Initial)
Dr. Jerry R. Majors
Mailing Address
6200 SW Vorse Road
City: Auburn State: KS Zip Code: 66402
FEC ID number of contributing federal political committee.
Name of Employer: VA
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1292

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Jerry R. Majors
Mailing Address
6200 SW Vorse Road
City: Auburn State: KS Zip Code: 66402
FEC ID number of contributing federal political committee.
Name of Employer: VA
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1184

B.
Full Name (Last, First, Middle Initial)
Dr. Jerry R. Majors
Mailing Address
6200 SW Vorse Road
City: Auburn State: KS Zip Code: 66402
FEC ID number of contributing federal political committee.
Name of Employer: VA
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1234

C.
Full Name (Last, First, Middle Initial)
Dr. Jerry R. Majors
Mailing Address
6200 SW Vorse Road
City: Auburn State: KS Zip Code: 66402
FEC ID number of contributing federal political committee.
Name of Employer: VA
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼ Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 08 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1182

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Winston D. Makanju
Mailing Address
1137 East 57th Street
City: Brooklyn State: NY Zip Code: 11234
FEC ID number of contributing federal political committee.
Name of Employer: Brooklyn Jesuit Med Ctr
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 06 04 2001
Amount of Each Receipt this Period: 220.00
Contribution
Transaction ID: SA11ai-CN1297

B.
Full Name (Last, First, Middle Initial)
Douglas Meraniak
Mailing Address
3101 S.E. 14th Street
City: Bentonville State: AR Zip Code: 72712
FEC ID number of contributing federal political committee.
Name of Employer: Mercy Health System
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1296

C.
Full Name (Last, First, Middle Initial)
Dr. Rebecca M. Martin
Mailing Address
10908 West Sycamore Hills Drive
City: Fort Wayne State: IN Zip Code: 46804
FEC ID number of contributing federal political committee.
Name of Employer: St. Joseph Medical Center
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11ai-CN1324

SUBTOTAL of Receipts This Page (optional) ..... ▶ **970.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Bruce A. Merwin
Mailing Address
5130 Manchester Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 800.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1231

B.
Full Name (Last, First, Middle Initial)
Dr. Bruce A. Merwin
Mailing Address
5130 Manchester Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 800.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1345

C.
Full Name (Last, First, Middle Initial)
Dr. Bruce A. Merwin
Mailing Address
5130 Manchester Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 600.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1201

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

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Bruce A. Merwin
Mailing Address: 5130 Manchester Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 600.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1286

B.
Full Name (Last, First, Middle Initial): Dr. Bruce A. Merwin
Mailing Address: 5130 Manchester Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 600.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1155

C.
Full Name (Last, First, Middle Initial): Dr. Bruce A. Merwin
Mailing Address: 5130 Manchester Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 600.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1175

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

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes
Mailing Address
701 West Wedgewood
City: Muskegon State: MI Zip Code: 49445
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 350.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1341

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes
Mailing Address
701 West Wedgewood
City: Muskegon State: MI Zip Code: 49445
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 350.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1161

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes
Mailing Address
701 West Wedgewood
City: Muskegon State: MI Zip Code: 49445
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 350.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1184

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes
Mailing Address
701 West Wedgewood
City: Muskegon State: MI Zip Code: 49445
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 350.00
Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1317

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes
Mailing Address
701 West Wedgewood
City: Muskegon State: MI Zip Code: 49445
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 350.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1241

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes
Mailing Address
701 West Wedgewood
City: Muskegon State: MI Zip Code: 49445
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 350.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1275

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Stephen A. Montes
Mailing Address: 701 West Wedgewood
City: Muskegon State: MI Zip Code: 49445
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 350.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1218

B.
Full Name (Last, First, Middle Initial): Dr. Edward T. Oneil
Mailing Address: 112 Pinckney Street
City: Boston State: MA Zip Code: 02114
FEC ID number of contributing federal political committee.
Name of Employer: Caritas Medical Group
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 2000.00
Date of Receipt: 02 27 2001
Amount of Each Receipt this Period: 2000.00
Contribution
Transaction ID: SA11ai-CN1167

C.
Full Name (Last, First, Middle Initial): Dr. Allen R. Prince
Mailing Address: 199 Island Lane
City: Leonard State: MI Zip Code: 48367
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2000
Primary X General
Other (specify): General Election
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 23 2001
Amount of Each Receipt this Period: 1000.00
Contribution
Transaction ID: SA11ai-CN1147

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Michael C. Saltzburg
Mailing Address
615 Howard Ave. Suite 200
City: Altoona State: PA Zip Code: 16601
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1152

B.
Full Name (Last, First, Middle Initial)
Dr. Michael C. Saltzburg
Mailing Address
615 Howard Ave. Suite 200
City: Altoona State: PA Zip Code: 16601
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1346

C.
Full Name (Last, First, Middle Initial)
Dr. Michael C. Saltzburg
Mailing Address
615 Howard Ave. Suite 200
City: Altoona State: PA Zip Code: 16601
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1225

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

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Michael C. Saltzburg
Mailing Address
615 Howard Ave. Suite 200
City: Altoona State: PA Zip Code: 16601
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1289

B.
Full Name (Last, First, Middle Initial)
Dr. Michael C. Saltzburg
Mailing Address
615 Howard Ave. Suite 200
City: Altoona State: PA Zip Code: 16601
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1179

C.
Full Name (Last, First, Middle Initial)
Dr. Michael C. Saltzburg
Mailing Address
615 Howard Ave. Suite 200
City: Altoona State: PA Zip Code: 16601
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1204

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 41 / 59

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Betsy Schenck
Mailing Address
14 Timbergreen
City: Denton State: TX Zip Code: 76205
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 400.00
Contribution
Transaction ID: SA11ai-CN1328

B.
Full Name (Last, First, Middle Initial)
Dr. Mitchell J. Schoen
Mailing Address
10323 Tennessee Ave.
City: Los Angeles State: CA Zip Code: 90064
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 20 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1166

C.
Full Name (Last, First, Middle Initial)
Dr. Mitchell J. Schoen
Mailing Address
10323 Tennessee Ave.
City: Los Angeles State: CA Zip Code: 90064
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Physician
Receipt For: 2000
Primary X General
Other (specify)
General Election
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 23 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1148

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 42 / 59

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Mitchell J. Schoen
Mailing Address
10323 Tennessee Ave.
City: Los Angeles State: CA Zip Code: 90064
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 06 26 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1320

B.
Full Name (Last, First, Middle Initial)
Dr. Mitchell J. Schoen
Mailing Address
10323 Tennessee Ave.
City: Los Angeles State: CA Zip Code: 90064
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 05 29 2001
Amount of Each Receipt this Period: 200.00
Contribution
Transaction ID: SA11ai-CN1263

C.
Full Name (Last, First, Middle Initial)
Dr. F. Michael Schultz
Mailing Address
2410 Crockett Drive
City: Brownwood State: TX Zip Code: 76801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1208

SUBTOTAL of Receipts This Page (optional) ..... ▶ **400.00**

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 43 / 59

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. F. Michael Schulz
Mailing Address
2410 Crockett Drive
City: Brownwood State: TX Zip Code: 76801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1347

B.
Full Name (Last, First, Middle Initial)
Dr. F. Michael Schulz
Mailing Address
2410 Crockett Drive
City: Brownwood State: TX Zip Code: 76801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1150

C.
Full Name (Last, First, Middle Initial)
Dr. F. Michael Schulz
Mailing Address
2410 Crockett Drive
City: Brownwood State: TX Zip Code: 76801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1228

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 44 / 59

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. F. Michael Schulz
Mailing Address
2410 Crockett Drive
City: Brownwood State: TX Zip Code: 76801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 800.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1291

B.
Full Name (Last, First, Middle Initial)
Dr. F. Michael Schulz
Mailing Address
2410 Crockett Drive
City: Brownwood State: TX Zip Code: 76801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 100.00
Contribution
Transaction ID: SA11ai-CN1170

C.
Full Name (Last, First, Middle Initial)
Dr. James St. Louis
Mailing Address
1902 A West Main Ave. SW
City: Cullman State: AL Zip Code: 35055
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1331

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Lawrence Stein
Mailing Address
9 Sleepy Hollow
City: Saint Louis State: MO Zip Code: 63132
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 27 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1384

B.
Full Name (Last, First, Middle Initial)
Dr. R. Brian Stumhoffer
Mailing Address
5246 Piping Rock Lane
City: Houston State: TX Zip Code: 77056
FEC ID number of contributing federal political committee.
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1238

C.
Full Name (Last, First, Middle Initial)
Dr. R. Brian Stumhoffer
Mailing Address
5246 Piping Rock Lane
City: Houston State: TX Zip Code: 77056
FEC ID number of contributing federal political committee.
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1159

SUBTOTAL of Receipts This Page (optional) ..... ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. R. Brian Stumhoffer
Mailing Address
5246 Piping Rock Lane
City: Houston State: TX Zip Code: 77056
FEC ID number of contributing federal political committee.
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1280

B.
Full Name (Last, First, Middle Initial)
Dr. R. Brian Stumhoffer
Mailing Address
5246 Piping Rock Lane
City: Houston State: TX Zip Code: 77056
FEC ID number of contributing federal political committee.
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1190

C.
Full Name (Last, First, Middle Initial)
Dr. R. Brian Stumhoffer
Mailing Address
5246 Piping Rock Lane
City: Houston State: TX Zip Code: 77056
FEC ID number of contributing federal political committee.
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1218

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. R. Brian Stumhoffer
Mailing Address
5246 Piping Rock Lane
City: Houston State: TX Zip Code: 77056
FEC ID number of contributing federal political committee.
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1336

B.
Full Name (Last, First, Middle Initial)
Dr. Carol A. Unice
Mailing Address
6947 Heather Cove
City: Maumee State: OH Zip Code: 43537
FEC ID number of contributing federal political committee.
Name of Employer: Riverside Anesthesia
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1153

C.
Full Name (Last, First, Middle Initial)
Dr. Carol A. Unice
Mailing Address
6947 Heather Cove
City: Maumee State: OH Zip Code: 43537
FEC ID number of contributing federal political committee.
Name of Employer: Riverside Anesthesia
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1180

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial): Dr. Carol A. Unice
Mailing Address: 6947 Heather Cove
City: Maumee State: OH Zip Code: 43537
FEC ID number of contributing federal political committee.
Name of Employer: Riverside Anesthesia
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1203

B.
Full Name (Last, First, Middle Initial): Dr. Carol A. Unice
Mailing Address: 6947 Heather Cove
City: Maumee State: OH Zip Code: 43537
FEC ID number of contributing federal political committee.
Name of Employer: Riverside Anesthesia
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1348

C.
Full Name (Last, First, Middle Initial): Dr. Carol A. Unice
Mailing Address: 6947 Heather Cove
City: Maumee State: OH Zip Code: 43537
FEC ID number of contributing federal political committee.
Name of Employer: Riverside Anesthesia
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify): Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1227

SUBTOTAL of Receipts This Page (optional) ..... ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 49 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Carol A. Unice
Mailing Address
6947 Heather Cove
City: Maumee State: OH Zip Code: 43537
FEC ID number of contributing federal political committee.
Name of Employer: Riverside Anesthesia
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1290

B.
Full Name (Last, First, Middle Initial)
Dr. Margaret C. Vives-Austin
Mailing Address
54 Ridge Road
City: Cheraw State: SC Zip Code: 29520
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 21 2001
Amount of Each Receipt this Period: 500.00
Contribution
Transaction ID: SA11ai-CN1252

C.
Full Name (Last, First, Middle Initial)
Dr. Daniel D. Wert
Mailing Address
1261 Hunsicker Road
City: Lancaster State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.
Name of Employer: Retired
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify) ▼
Primary Election
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1154

SUBTOTAL of Receipts This Page (optional) ..... ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Daniel D. Wert
Mailing Address
1261 Hunsicker Road
City: Lancaster State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.
Name of Employer: Retired
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1228

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel D. Wert
Mailing Address
1261 Hunsicker Road
City: Lancaster State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.
Name of Employer: Retired
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1172

C.
Full Name (Last, First, Middle Initial)
Dr. Daniel D. Wert
Mailing Address
1261 Hunsicker Road
City: Lancaster State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.
Name of Employer: Retired
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1207

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 51 / 59

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Daniel D. Wert
Mailing Address
1261 Hunsicker Road
City: Lancaster State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.
Name of Employer: Retired
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 31 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1283

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel D. Wert
Mailing Address
1261 Hunsicker Road
City: Lancaster State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.
Name of Employer: Retired
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 50.00
Contribution
Transaction ID: SA11ai-CN1354

C.
Full Name (Last, First, Middle Initial)
Dr. Kipp A. Young
Mailing Address
1900 Meadowlark Lane
City: Zillah State: WA Zip Code: 98953
FEC ID number of contributing federal political committee.
Name of Employer: Topelisi Hospital
Occupation: Physician
Receipt For: 2002
X Primary General
Other (specify)
Primary Election
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 15 2001
Amount of Each Receipt this Period: 1000.00
Contribution
Transaction ID: SA11ai-CN1309

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

TOTAL This Period (last page this line number only) ..... ▶ **23929.00**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A. Full Name (Last, First, Middle Initial)
Arent Fox

Mailing Address
1050 Connecticut Ave. NW
City: Washington State: DC Zip Code: 20036

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify) Primary Election

Date of Disbursement: 02/20/2001

Amount of Each Disbursement this Period: 2501.40

Campaign Consultant

Transaction ID: SB21b-EX117

B. Full Name (Last, First, Middle Initial)
Arent Fox

Mailing Address
1050 Connecticut Ave. NW
City: Washington State: DC Zip Code: 20036

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify) Primary Election

Date of Disbursement: 03/06/2001

Amount of Each Disbursement this Period: 2686.00

Campaign Consultant

Transaction ID: SB21b-EX130

C. Full Name (Last, First, Middle Initial)
Inc. Cobbwebb Communications

Mailing Address
P. O. Box 5238
City: Marietta State: GA Zip Code: 30061

Purpose of Disbursement
Operating Expenditure
Candidate Name

24H Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify) Primary Election

Date of Disbursement: 02/09/2001

Amount of Each Disbursement this Period: 358.00

Professional Services Professional Services

Transaction ID: SB21b-EX127

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5745.40**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A. Full Name (Last, First, Middle Initial)
Douglas K. Tilghman

Mailing Address
2336 Wisteria Drive, Suite 220
City: Scottdale State: GA Zip Code: 30079

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)
General Election

Date of Disbursement
01 / 05 / 2001

Amount of Each Disbursement this Period
4500.00

Professional Services Professional Services

Transaction ID: SB21b-EX98

B. Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address
7300 Chapman High
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)
General Election

Date of Disbursement
01 / 23 / 2001

Amount of Each Disbursement this Period
50.15

Bank Service Charge Credit Ccard Processir

Transaction ID: SB21b-EX115

C. Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address
7300 Chapman High
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)
Primary Election

Date of Disbursement
04 / 09 / 2001

Amount of Each Disbursement this Period
56.68

Bank Service Charge Credit Card Processing

Transaction ID: SB21b-EX131

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4606.83**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address
7300 Chapman High
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General
Other (specify)
Primary Election

Date of Disbursement
02 / 28 / 2001

Amount of Each Disbursement this Period
40.20

Bank Service Charge Bank Service Charge

Transaction ID: SB21b-EX135

B.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address
7300 Chapman High
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General
Other (specify)
Primary Election

Date of Disbursement
05 / 08 / 2001

Amount of Each Disbursement this Period
40.00

Bank Service Charge

Transaction ID: SB21b-EX141

C.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address
7300 Chapman High
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Operating Expenditure
Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General
Other (specify)
Primary Election

Date of Disbursement
06 / 11 / 2001

Amount of Each Disbursement this Period
54.34

Bank Service Charge Credit Card Processing

Transaction ID: SB21b-EX149

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **134.54**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A. Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address
7300 Chapman High
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General
Other (specify)
Primary Election

Date of Disbursement
03 16 2001

Amount of Each Disbursement this Period
40.90

Bank Service Charge Bank Service Charge

Transaction ID: SB21b-EX154

B. Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address
7300 Chapman High
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General
Other (specify)
Primary Election

Date of Disbursement
06 30 2001

Amount of Each Disbursement this Period
109.22

Bank Service Charge Bank Service Charge

Transaction ID: SB21b-EX157

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P. O. Box 53852
City: Phoenix State: AZ Zip Code: 85072

Purpose of Disbursement
Operating Expenditure
Candidate Name

24H
Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General
Other (specify)
Primary Election

Date of Disbursement
06 30 2001

Amount of Each Disbursement this Period
18.10

Bank Service Charge

Transaction ID: SB21b-EX150

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **168.22**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P. O. Box 53852
City: Phoenix State: AZ Zip Code: 85072

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify) Primary Election

Date of Disbursement
04 / 28 / 2001

Amount of Each Disbursement this Period
19.65

Bank Service Charge

Transaction ID: SB21b-EX160

B.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P. O. Box 53852
City: Phoenix State: AZ Zip Code: 85072

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify) Primary Election

Date of Disbursement
02 / 28 / 2001

Amount of Each Disbursement this Period
19.65

Bank Service Charge Bank Service Charge

Transaction ID: SB21b-EX162

C.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P. O. Box 53852
City: Phoenix State: AZ Zip Code: 85072

Purpose of Disbursement
Operating Expenditure
Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify) Primary Election

Date of Disbursement
01 / 31 / 2001

Amount of Each Disbursement this Period
27.40

Bank Service Charge

Transaction ID: SB21b-EX164

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **66.70**

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)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P. O. Box 53852

City: Phoenix
State: AZ
Zip Code: 85072

Purpose of Disbursement
Operating Expenditure

Candidate Name

24H
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For:
X Primary General
Other (specify) ▼
Primary Election

Date of Disbursement
05 31 2001

Amount of Each Disbursement this Period
19.65

Bank Service Charge

Transaction ID: SB21b-EX165

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**19.65**
TOTAL This Period (last page this line number only) ..... ▶	**10741.34**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.
Full Name (Last, First, Middle Initial)
Friends Of Lane Evans

Mailing Address
PO Box 5263
City: Rock Island State: IL Zip Code: 61204

Purpose of Disbursement
Contribution Made to Non-Affiliated

Candidate Name
Lane Evans (r-Il)

24K Category/Type

Office Sought: X House / Senate / President
State: IL District: 17

Disbursement For: X Primary / General / Other (specify)
Primary Election

Date of Disbursement: 03 06 2001

Amount of Each Disbursement this Period: 1000.00

Friend Of Lane Evans House 17 (IL)

Transaction ID: SB23-EX129

B.
Full Name (Last, First, Middle Initial)
Friends of Senator Rockefeller

Mailing Address
236 Massachusetts Ave., NE,Ste.310
City: Washington State: DC Zip Code: 20002

Purpose of Disbursement
Contribution Made to Non-Affiliated

Candidate Name
U.S. Senate, D-Wv

24K Category/Type

Office Sought: House / X Senate / President
State: wv District: 09

Disbursement For: X Primary / General / Other (specify)
Primary Election

Date of Disbursement: 04 27 2001

Amount of Each Disbursement this Period: 1000.00

U.S. Senate, D-Wv Senate 09 (WV)

Transaction ID: SB23-EX148

C.
Full Name (Last, First, Middle Initial)
Hutchinson for Senate

Mailing Address
P. O. Box 1150
City: Little Rock State: AR Zip Code: 72203

Purpose of Disbursement
Contribution Made to Non-Affiliated

Candidate Name
U.S. Senate,(r-Ar)

24K Category/Type

Office Sought: House / X Senate / President
State: AR District: 00

Disbursement For: X Primary / General / Other (specify)
Primary Election

Date of Disbursement: 05 24 2001

Amount of Each Disbursement this Period: 3000.00

U.S. Senate,(r-Ar) Senate 00 (AR)

Transaction ID: SB23-EX147

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
AAPSPAC

A.

Full Name (Last, First, Middle Initial)
Hutchinson for Senate

Mailing Address
P. O. Box 1150

City: Little Rock
State: AR
Zip Code: 72203

Purpose of Disbursement
Contribution Made to Non-Affiliated

Candidate Name
U.S. Senate,(r-Ar)

24K
Category/Type

Office Sought: House / X Senate / President
State: AR District: 00

Disbursement For: X Primary / General / Other (specify)
Primary Election

Date of Disbursement
02 19 2001

Amount of Each Disbursement this Period
1000.00

U.S. Senate,(r-Ar) Senate 00 (AR)

Transaction ID: SB23-EX145

B.

Full Name (Last, First, Middle Initial)
Hutchinson for Senate

Mailing Address
P. O. Box 1150

City: Little Rock
State: AR
Zip Code: 72203

Purpose of Disbursement
Contribution Made to Non-Affiliated

Candidate Name
U.S. Senate,(r-Ar)

24K
Category/Type

Office Sought: House / X Senate / President
State: AR District: 00

Disbursement For: X Primary / General / Other (specify)
Primary Election

Date of Disbursement
03 09 2001

Amount of Each Disbursement this Period
1000.00

Hutchinson For Senate Senate 00 (AR

Transaction ID: SB23-EX128

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

TOTAL This Period (last page this line number only) ..... ▶ **7000.00**