

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 5550 W. Executive Drive Suite 400
 Check if different than previously reported. (ACC)
Tampa FL 33609

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

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

5. Covering Period 01 01 2008 through 03 31 2008

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 Dr. Stephen A. Montes, D.O.

Signature of Treasurer Electronically Filed by Dr. Stephen A. Montes, D.O. Date 04 10 2008

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** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		28484.23
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	28484.23									
(c) Total Receipts (from Line 19)	1000.03	1000.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29484.26	29484.26								
7. Total Disbursements (from Line 31)	-6039.54	-6039.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35523.80	35523.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	550.00	550.00
(i) Itemized (use Schedule A)	450.00	450.00
(ii) Unitemized	1000.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1000.00	1000.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.03	.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1000.03	1000.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1000.03	1000.03

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	960.46	960.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	960.46	960.46
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	-7500.00	-7500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-6039.54	-6039.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-6039.54	-6039.54

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1000.00	1000.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	960.46	960.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	960.46	960.46

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

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

FOR LINE NUMBER: PAGE 6 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Naga Danthuluri

Mailing Address 110 Bridgehouse Dr

City Madison State AL Zip Code 35758

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

Name of Employer Decatur Amulatory Surgery Center Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 03 / 2008
Transaction ID: SA11Ai-CN2128
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Cpt. Charle M. House, M.D.

Mailing Address 1970 Vista Lake Dr

City Orange Park State FL Zip Code 32003

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

Name of Employer U.S. Navy Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2008
Transaction ID: SA11Ai-CN2142
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

TOTAL This Period (last page this line number only) ► 550.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX513 Date of Disbursement 01 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 5.95 <hr/> 001 Category/ Type Credit Card Processing
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX524 Date of Disbursement 02 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 5.95 <hr/> 001 Category/ Type Credit Card Processing
C.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit Card Processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX532 Date of Disbursement 03 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 5.95 <hr/> 001 Category/ Type Credit Card Processing

SUBTOTAL of Disbursements This Page (optional) ▶

17.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX515 Date of Disbursement 01 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 76.46 <hr/> Bank Service Charge
B.	Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX525 Date of Disbursement 03 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 78.37 <hr/> Bank Service Charge
C.	Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX533 Date of Disbursement 03 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 91.14 <hr/> Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶

245.97

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Global Payments Mailing Address 10705 Red Run Blvd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX514 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 98.60
	Category/ Type 001
	Credit Card Processing Fee
B. Full Name (Last, First, Middle Initial) Global Payments Mailing Address 10705 Red Run Blvd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX523 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 49.07
	Category/ Type 001
	Credit Card Processing
C. Full Name (Last, First, Middle Initial) Global Payments Mailing Address 10705 Red Run Blvd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX531 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 48.97
	Category/ Type 001
	Credit Card Processing

SUBTOTAL of Disbursements This Page (optional)	196.64
TOTAL This Period (last page this line number only)	460.46

**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)

PAGE 10 / 15

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Mike Fasano Campaign

Mailing Address P Box 2055

City New Port Richey State FL Zip Code 34656

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX491

Date of Disbursement

01 / 08 / 2008

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Political Contributions

B.

Full Name (Last, First, Middle Initial)

Florida Victory

Mailing Address 420 E. Jefferson Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement

Returned Check

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX510

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

-5000.00

011
Category/
Type

Returned Check

C.

Full Name (Last, First, Middle Initial)

Rene Garcia Campaign

Mailing Address 217 East 63rd St

City Hialeah State FL Zip Code 33013

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX521

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Political Contributions

SUBTOTAL of Disbursements This Page (optional) ▶

-4000.00

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Florida Committee for Conservative Leadership

Mailing Address 6247 SW 14 Street

City State Zip Code
Miami FL 33144

Purpose of Disbursement

Returned Check

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX509

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Returned Check

B. Full Name (Last, First, Middle Initial)
Eddie Gonzalez Campaign

Mailing Address 7625 West 14th Court

City State Zip Code
Hialeah FL 33014

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX526

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Political Contributions

C. Full Name (Last, First, Middle Initial)
Aaron Bean Campaign

Mailing Address 305 Bonnieview Rd

City State Zip Code
Fernandina Beach FL 32034

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Political Contributions

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Peter Nehr Campaign Mailing Address PO Box 2408 City Tarpon Springs State FL Zip Code 34688 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX516 Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 500.00 contribution
B.	Full Name (Last, First, Middle Initial) Paige Kreegel Campaign Mailing Address 2081 Sandy Pine Drive City Punta Gorda State FL Zip Code 33982 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX520 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 500.00 Political Contributions
C.	Full Name (Last, First, Middle Initial) Juan Zapata Campaign Mailing Address 12925 SW 88th Lane City Miami State FL Zip Code 33186 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX518 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 500.00 Political Contributions

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) Jimmy Patronis House Campaign Mailing Address 8717 North Lagoon Drive City Panama City State FL Zip Code 32408 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX529 Date of Disbursement 03 / 05 / 2008 Amount of Each Disbursement this Period 500.00 011 Category/Type Political Contributions
B.	Full Name (Last, First, Middle Initial) Will Weatherford House Campaign Mailing Address PO Box 7339 City Wesley Chapel State FL Zip Code 33545 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX527 Date of Disbursement 03 / 11 / 2008 Amount of Each Disbursement this Period 500.00 011 Category/Type Political Contributions
C.	Full Name (Last, First, Middle Initial) Franklin Sands House Campaign Mailing Address 16170 Saddle Lane City Fort Lauderdale State FL Zip Code 33326 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21b-EX528 Date of Disbursement 03 / 11 / 2008 Amount of Each Disbursement this Period 500.00 011 Category/Type Political Contributions

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

PAGE 14 / 15

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Jeff Atwater Senate Campaign

Mailing Address PO Box 14366

City State Zip Code
North Palm Beach FL 33408

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB21b-EX522
Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

500.00

Political Contributions

B.

Full Name (Last, First, Middle Initial)
Audrey Gibson Campaign

Mailing Address PO Box 12064

City State Zip Code
Jacksonville FL 32209

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB21b-EX530
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

500.00

Political Contributions

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

-7000.00

**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)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Friends of Ginny Brown Waite

Mailing Address PO Box 865

City
Brooksville

State
FL

Zip Code
34605

Purpose of Disbursement

011
Category/
Type

Candidate Name
Virginia Brown-waite

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 05

Transaction ID: SB23-EX499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Political Contributions

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)