



**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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		24113.54
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	23374.10									
(c) Total Receipts (from Line 19) .....	17440.00	19225.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40814.10	43338.54								
7. Total Disbursements (from Line 31) .....	8239.02	10763.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32575.08	32575.08								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....										
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....										

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

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) .....	11235.00	12220.00
(ii) Unitemized .....	6205.00	7005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17440.00	19225.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17440.00	19225.00
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....		
(b) Levin Funds (from Schedule H5) .....		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17440.00	19225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17440.00	19225.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures.....	<b>8239.02</b>	<b>8263.46</b>
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	<b>8239.02</b>	<b>8263.46</b>
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditure (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements.....		<b>2500.00</b>
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	<b>8239.02</b>	<b>10763.46</b>
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	<b>8239.02</b>	<b>10763.46</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	17440.00	19225.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17440.00	19225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8239.02	8263.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8239.02	8263.46

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

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

FOR LINE NUMBER: PAGE 6 / 22  
(check only one)  
 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)  
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

**A.** Full Name (Last, First, Middle Initial)  
Mikki Barker

Mailing Address P.O. Box 16167

City State Zip Code  
Fairbanks AK 99716

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2323

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jon Botts

Mailing Address 4322 Marquette Drive

City State Zip Code  
Mobile AL 36608

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2326

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert A. Donovan, M.D.

Mailing Address 6859 Zerillo Dr

City State Zip Code  
Riverbank CA 95367

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

Name of Employer Occupation  
Self Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2437

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
Dr. Daniel Einhorn, D.O.

Mailing Address 1134 University Avenuesuite 1 E  
10

City State Zip Code  
Mesa AZ 85203

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 01 / 2009

**Transaction ID:** SA11Ai-CN2287

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City State Zip Code  
Roxboro NC 27573

FEC ID number of contributing federal political committee. C

Name of Employer person Emergency Physi- Occupation Physician  
cians

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 15 / 2009

**Transaction ID:** SA11Ai-CN2441

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City State Zip Code  
Roxboro NC 27573

FEC ID number of contributing federal political committee. C

Name of Employer person Emergency Physi- Occupation Physician  
cians

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 15 / 2009

**Transaction ID:** SA11Ai-CN2242

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 350.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 22  
(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)  
Dr. Kenneth Flowe, M.D.  
Mailing Address 18 Wimbledon Dr  
City Roxboro State NC Zip Code 27573  
FEC ID number of contributing federal political committee. **C**  
Name of Employer person Emergency Physicians Occupation Physician  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 06 / 17 / 2009  
Transaction ID: SA11Ai-CN2317  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph C. Gallagher, D.O.  
Mailing Address 323 Warner Rd  
City Wayne State PA Zip Code 19087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 26 / 2009  
Transaction ID: SA11Ai-CN2245  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Garza  
Mailing Address 13501 Stowe Rd  
City Conroe State TX Zip Code 77306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 29 / 2009  
Transaction ID: SA11Ai-CN2264  
Amount of Each Receipt this Period 500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)  
Antonio Gomes

Mailing Address 12142 McKinnon Road

City State Zip Code  
**Windermere FL 34786**

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 04 / 2009

**Transaction ID: SA11Ai-CN2298**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert R. Guion, D.O.

Mailing Address

City State Zip Code  
**Marina CA 93933**

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

Name of Employer Occupation  
 Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 04 / 2009

**Transaction ID: SA11Ai-CN2297**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Neal Jacobson

Mailing Address 43207 Brown Rd

City State Zip Code  
**Baker City OR 97814**

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

Name of Employer Occupation  
 St. Elizabeth Health Services  
 Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 17 / 2009

**Transaction ID: SA11Ai-CN2318**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City Ocala State FL Zip Code 34471

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

Name of Employer Marion Radiology Center Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2009

Transaction ID: SA11Ai-CN2239

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Peter Lamelas, M.D.

Mailing Address 65 Spoonbill Rd

City Lake Worth State FL Zip Code 33462

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

Name of Employer Team Health Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11Ai-CN2263

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
James Macool

Mailing Address 1022 West State Road 436 Ste 1006

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2009

Transaction ID: SA11Ai-CN2289

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Bruce A. Merwin, M.D.		Date of Receipt
	Mailing Address 5130 Manchester Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Zanesville	OH	43701
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11Ai-CN2256
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 450.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Celeste Miller-Parish, D.o. Faa		Date of Receipt
	Mailing Address Route 1 Box 113		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Arbela	MO	63432
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11Ai-CN2291
Name of Employer Scotland Cnty Memorial Hospital		Occupation D.O. FAASS	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen A. Montes, D.O.		Date of Receipt
	Mailing Address 701 West Wedgewood		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Muskegon	MI	49445
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11Ai-CN2240
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City State Zip Code  
Muskegon MI 49445

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

Name of Employer Self Occupation  
Self Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2009

Transaction ID: SA11Ai-CN2435

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Vaidy Nathan

Mailing Address 830 Mills Ave N

City State Zip Code  
Arcadia FL 34266

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

Name of Employer Self Occupation  
Self Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2009

Transaction ID: SA11Ai-CN2249

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Philip Neustadt, M.D.

Mailing Address 604 Northern Shores Ln

City State Zip Code  
Greensboro NC 27455

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

Name of Employer EmCare Occupation  
EmCare Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

Transaction ID: SA11Ai-CN2244

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Omar Osmani	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1 Berrendo Meadows Square	<b>Transaction ID:</b> SA11Ai-CN2325
	City State Zip Code Roswell NM 88201	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Paul	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 3500 Strawberry Lane	<b>Transaction ID:</b> SA11Ai-CN2288
	City State Zip Code Lake Huron MI 48060	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) F. Hall Reynolds	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 6141 Shallowford Road	<b>Transaction ID:</b> SA11Ai-CN2292
	City State Zip Code Chattanooga TN 37421	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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)  
Dr. Anthony P. Russo, D.O.

Mailing Address 695 Townhall Rd W

City Waterford State PA Zip Code 16441

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

Name of Employer Anesthesia Consultants of Erie Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1770.00

Date of Receipt 04 / 13 / 2009  
**Transaction ID:** SA11Ai-CN2238  
 Amount of Each Receipt this Period 785.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Susan M. Sarracino, M.D.

Mailing Address N84 W19194 Menomonee Ave

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer Self Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2009  
**Transaction ID:** SA11Ai-CN2438  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lawrence Stein, M.D.

Mailing Address 4600 Memorial Dr Suite 200

City Belleville State IL Zip Code 62226

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

Name of Employer Self Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2009  
**Transaction ID:** SA11Ai-CN2258  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1785.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 22  
(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)  
Samuel Tokuyama

Mailing Address 855 Brown Drive

City State Zip Code  
Burbank CA 91504

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2246

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Esther B. Walker, D.O.

Mailing Address 12409 Dudley Ct

City State Zip Code  
Edmond OK 73013

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

Name of Employer Occupation  
Edmond Medical Center Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2293

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Wallace

Mailing Address 3600 Shady Lane

City State Zip Code  
Palm Harbor FL 34683

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

**Transaction ID:** SA11Ai-CN2257

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
David Watson

Mailing Address 52 Westerville Square Suite 251

City State Zip Code  
Westerville OH 43081

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2009

**Transaction ID:** SA11Ai-CN2310

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City State Zip Code  
Natchez MS 39120

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2009

**Transaction ID:** SA11Ai-CN2332

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City State Zip Code  
Natchez MS 39120

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2009

**Transaction ID:** SA11Ai-CN2433

Amount of Each Receipt this Period  
50.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) Michael Wheelis		Date of Receipt
Mailing Address 16 Wild Turkey Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 1 5 / 2 0 0 9
City	State	Zip Code
Natchez	MS	39120
FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN2241
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer	Occupation	
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 350.00	
<input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Michael Wheelis		Date of Receipt
Mailing Address 16 Wild Turkey Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 6 / 1 7 / 2 0 0 9
City	State	Zip Code
Natchez	MS	39120
FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN2316
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer	Occupation	
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 11235.00

**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 18 / 22

<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	Transaction ID: SB21b-EX578 Date of Disbursement 05 / 14 / 2009
	Mailing Address P. O. Box 53852	Amount of Each Disbursement this Period 4.95
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX580 Date of Disbursement 05 / 18 / 2009
	Mailing Address P. O. Box 53852	Amount of Each Disbursement this Period 3.25
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX623 Date of Disbursement 06 / 15 / 2009
	Mailing Address P. O. Box 53852	Amount of Each Disbursement this Period 4.95
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Credit Card Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13.15</b>
<b>TOTAL</b> 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 19 / 22

<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

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX624

Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

13.99

Credit Card Fee

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

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX629

Date of Disbursement

04 / 03 / 2009

Amount of Each Disbursement this Period

15.40

Credit Card Fee

C.

Full Name (Last, First, Middle Initial)

Trailblazer Campaign Services

Mailing Address 5115 Excelsior Blvd Suite 103

City Minneapolis State MN Zip Code 55416

Purpose of Disbursement

Data Entry

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX584

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

4650.00

Data Entry

SUBTOTAL of Disbursements This Page (optional) ▶

4679.39

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)

<b>A.</b>	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21b-EX585 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 2.83
<b>B.</b>	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21b-EX582 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 3.37
<b>C.</b>	Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address 500 N Westshore Blvd Suite 100 <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21b-EX620 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 1.30

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

7.50

**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 21 / 22

<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)

SunTrust

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX621

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

4.50

Office Expenses

**B.**

Full Name (Last, First, Middle Initial)

SunTrust

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21b-EX622

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

34.48

Office Expenses

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

38.98

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

4739.02

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Zach Wamp For Governor <hr/> Mailing Address P.O. Box 23748 <hr/> City State Zip Code Chattanooga TN 37422 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21b-EX583 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Political Contributions
<b>B.</b> Full Name (Last, First, Middle Initial) Bob McCann Campaign <hr/> Mailing Address 11523 Palm Brush Trail #111 <hr/> City State Zip Code Lakewood Ranch FL 34202 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21b-EX581 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Political Contributions
<b>C.</b> Full Name (Last, First, Middle Initial) Joe Negron Campaign <hr/> Mailing Address 1111 SE Federal Highway #116 <hr/> City State Zip Code Stuart FL 34994 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21b-EX577 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Political Contributions

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3500.00