

# 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) 2296 Henderson Mill Road  
Suite 206  
 Check if different than previously reported. (ACC)  
Atlanta GA 30345

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 2004 through 03 31 2004

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 04 16 2007

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

**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	4

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		74688.26
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	74688.26									
(c) Total Receipts (from Line 19) .....	2725.00	2725.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	77413.26	77413.26								
7. Total Disbursements (from Line 31) .....	23215.00	23215.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	54198.26	54198.26								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	500.00									
10. Debts and Obligations owed <b>BY</b> 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	4

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	4

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	1800.00	1800.00
(i) Itemized (use Schedule A) .....	925.00	925.00
(ii) Unitemized .....	2725.00	2725.00
(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) .....	2725.00	2725.00
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.) .....	.00	.00
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)) .....	2725.00	2725.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2725.00	2725.00

**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.....	1190.00	1190.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1190.00	1190.00
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	.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 .....	25.00	25.00
(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)) .....	25.00	25.00
29. Other Disbursements.....	22000.00	22000.00
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))..	23215.00	23215.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23215.00	23215.00

**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) .....	2725.00	2725.00
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2700.00	2700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1190.00	1190.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1190.00	1190.00

**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 / 16
	<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	

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)

Full Name (Last, First, Middle Initial) <b>A. Anthony Davis</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2004
Mailing Address 10 Ocean Pines		<b>Transaction ID: SA11Ai-CN1741</b>
City Ormond Beach	State FL	Zip Code 32174
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Leoncio Perez</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2004
Mailing Address 8732 Somersworht Place		<b>Transaction ID: SA11Ai-CN1749</b>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Brandon Medical Wellness Center	Occupation Physician	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Thanh Thai, M.D.</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2004
Mailing Address 3965 Cypress Landing West		<b>Transaction ID: SA11Ai-CN1742</b>
City Winter Haven	State FL	Zip Code 33884
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Osceola County Public Health U	Occupation Physician	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1800.00</b>

# 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)

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX361

Date of Disbursement

03 / 03 / 2004

Amount of Each Disbursement this Period

5.00

Administrative/Salary/Overhead Expenses

**B.** Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX340

Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

25.00

Merchant Fees

**C.** Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX358

Date of Disbursement

02 / 03 / 2004

Amount of Each Disbursement this Period

25.00

Merchant Fees

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

55.00

**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 8 / 16

<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)

Full Name (Last, First, Middle Initial)

**A. Termnet Merchant Services**

Mailing Address 2030 Powers Ferry Road  
Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21b-EX360

Date of Disbursement

03 / 02 / 2004

Amount of Each Disbursement this Period

25.00

Administrative/Salary/Ove-  
rhead Expenses

**B. Don Connelly & Associates**

Mailing Address 10 N. Clarendon Ave.

City Avondale Estates State GA Zip Code 30002

Purpose of Disbursement  
Professional Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21b-EX359

Date of Disbursement

03 / 12 / 2004

Amount of Each Disbursement this Period

1110.00

Administrative/Salary/Ove-  
rhead Expenses

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

1135.00

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

1190.00

**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 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)

Full Name (Last, First, Middle Initial)

**A. Mike Fasano Campaign**

Mailing Address 8217 Massachusetts Ave

City New Port Richey State FL Zip Code 34653

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX346

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**B. Frank Farkas Campaign**

Mailing Address 1510 4th Street North

City Saint Petersburg State FL Zip Code 33704

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX354

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**C. Eleanor Sobel Campaign**

Mailing Address 3365 Sheridan Street

City Hollywood State FL Zip Code 33021

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX345

Date of Disbursement

01 / 21 / 2004

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)

PAGE 10 / 16

<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)

Full Name (Last, First, Middle Initial)

**A.** Adam Hasner Campaign

Mailing Address 33 Northeast 4th Ave

City State Zip Code  
Delray Beach FL 33483

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX347

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**B.** Floridians for Conservative Leadership

Mailing Address 50 North Laura Street  
Suite 2750

City State Zip Code  
Jacksonville FL 32202

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX341

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

2000.00

Political Contributions

Full Name (Last, First, Middle Initial)

**C.** Florida Committee for Conservative Leadership

Mailing Address 6247 SW 14 Street

City State Zip Code  
Miami FL 33144

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX342

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

8000.00

Political Contributions

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

10500.00

**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)

Full Name (Last, First, Middle Initial)

**A.** Gayle Harrell Campaign

Mailing Address 121 Southwest Port St. Lucie Blvd.

City Port Saint Lucie State FL Zip Code 34984

Purpose of Disbursement Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX343

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**B.** Floridians for Accountable Government

Mailing Address 839 Cedar Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX344

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

2500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**C.** Yolly Roberson Campaign

Mailing Address 645 Northeast 127th Street

City Miami State FL Zip Code 33161

Purpose of Disbursement Political Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB21b-EX348

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

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

3500.00

**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)

Full Name (Last, First, Middle Initial)

**A.** Shelly Vanna Campaign

Mailing Address 1280 North Congress Ave.  
Suite 100

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX349

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**B.** Ed Homan Campaign

Mailing Address 9385 North 56th St.  
Suite 311

City Tampa State FL Zip Code 33617

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX350

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**C.** Dave Murzin Campaign

Mailing Address 4400 Bayou Blvd.  
Suite 22B

City Pensacola State FL Zip Code 32503

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX351

Date of Disbursement

01 / 21 / 2004

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)

PAGE 13 / 16

<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)

Full Name (Last, First, Middle Initial)

**A.** Carole Green Campaign

Mailing Address 15248 South Tamiami Trail  
Suite 200

City State Zip Code  
Fort Myers FL 33908

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX352

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

Political Contributions

Full Name (Last, First, Middle Initial)

**B.** Republican Party of Florida

Mailing Address 719 North Calhoun Street  
P.O. Box 311

City State Zip Code  
Tallahassee FL 32302

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX353

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

1500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**C.** Marcello Llorente Campaign

Mailing Address 13701 Southwestern 88th Street  
Suite 201

City State Zip Code  
Miami FL 33186

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX355

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

500.00

Political Contributions

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

3000.00

**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 / 16

<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)

Full Name (Last, First, Middle Initial)

**A.** Floridians for a Brighter Future

Mailing Address 3012 SW Collings Drive

City State Zip Code  
Port Saint Lucie FL 34953

Purpose of Disbursement  
Political Contributions

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: SB21b-EX356

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Political Contributions

Full Name (Last, First, Middle Initial)

**B.** People for Florida's Future

Mailing Address 2693 W. Fairbanks Avenue Ste. A

City State Zip Code  
Winter Park FL 32789

Purpose of Disbursement  
Political Contributions

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: SB21b-EX357

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)

PAGE 15 / 16

<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 checked="" 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)

Full Name (Last, First, Middle Initial)

**A.** Gerald E Stopczynski

Mailing Address 2601 NE 32 Street

City Fort Lauderdale State FL Zip Code 33306

Purpose of Disbursement  
Contribution Ref to Individual

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28a-CR17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	4

Amount of Each Disbursement this Period

25.00
-------

Refund of 03/30/04 Contribution

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

25.00

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

25.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 / 16	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Adam Hasner Campaign	Nature of Debt (Purpose): Invoice: Political Contributions
Mailing Address 33 Northeast 4th Ave	
City State ZIP Code Delray Beach FL 33483	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD9-INV210</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
500.00	.00	500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	500.00
2) <b>TOTALS</b> This Period (last page this line number only).....	500.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	