REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 15 A 10:12

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported

2296 HENDERSON MILL ROAD SUITE 206

CITY, STATE and ZIP CODE

ATLANTA GA 30345

2. FEC IDENTIFICATION NUMBER
C DD331017

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period JULY 1, 1999 through SEPT. 30, 1999		
6. (a) Cash on Hand January 1, 19 99		$ 10,736.54
(b) Cash on Hand at Beginning of Reporting Period	$ 23,314.75	
(c) Total Receipts (from Line 19)	$ 10,382.00	$ 40,073.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 33,696.75	$ 50,810.14
7. Total Disbursements (from Line 30)	$ 353.99	$ 17,467.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 33,342.76	$ 33,342.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Wynn E. Busby

Signature of Treasurer
Wynn E. Busby

Date
10-14-99

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

FEC FORM 3X
(revised 9/93)

FE6AND84

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM JULY 1, 1999 TO: SEPT. 30, 1999

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	7,849.00	30,447.00	11(a)(i)
i. Itemized (use Schedule A)	2,470.00	9,320.00	11(a)(ii)
ii. Unitemized	10,319.00	39,767.00	11(a)(iii)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	10,319.00	39,767.00	11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received	63.00	306.60	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	10,382.00	40,073.60	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,382.00	40,073.60	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share	353.99	16,467.38	21(b)
b. Other Federal Operating Expenditures	353.99	16,467.38	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees		1,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements	353.99	17,467.38	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	353.99	17,467.38	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,319.00	39,767.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,319.00	39,767.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	353.99	16,467.38	35
36. Offsets to Operating Expenditures (from line 15)	63.00	306.60	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	290.99	16,160.78	37

FEBRN06

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a(ii)

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. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DR ANN AGUSTSSON-MATHERS 5804 ELAINE DRIVE ROCKFORD IL 61108 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR ANN AGUSTSSON-MATHERS PSYCHIATRIST Aggregate Year-to-Date $ 250.00	9/28/99	250.00
B. DR SCOTT BARNES 3513 SCHOOLHOUSE LANE HARRISBURG PA 17109 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DRS BRONSTEIN/JEFFRIES PHYSICIAN Aggregate Year-to-Date $ 800.00	7/30/99 8/30/99 9/30/99	200.00 200.00 200.00
C. DR DARLENE BARRON 110 PARKVIEW DRIVE SEWICKLEY PA 15143 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ERMI PHYSICIAN Aggregate Year-to-Date $ 250.00	7/2/99	250.00
D. DR MICHAEL BEASLEY 1022 CSAPO LAKE TRAIL WEST BRANCH MI 48661 Receipt For: [ ] Primary [X] General [ ] Other (specify):	STERLING HEALTH CARE PHYSICIAN Aggregate Year-to-Date $ 600.00	7/30/99 8/30/99 9/30/99	50.00 50.00 50.00
E. DR HERNAN BRIZUELA 34 LATHAM PARK ELKINS PARK PA 19027 Receipt For: [ ] Primary [X] General [ ] Other (specify):	TEMPLE PHYSICIAN INC PHYSICIAN Aggregate Year-to-Date $ 450.00	7/30/99 8/30/99 9/30/99	50.00 50.00 50.00
F. DR THOMAS CAMPBELL P O BOX 100 BRADFORD TN 38316 Receipt For: [ ] Primary [X] General [ ] Other (specify):	WEST TN HEALTHCARE PHYSICIAN Aggregate Year-to-Date $ 1,100.00	9/1/99	500.00
G. DR JOSEPH COHEN 1135 TURQUOISE DRIVE LONGMONT CO 80501 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR JOSEPH COHEN PHYSICIAN Aggregate Year-to-Date $ 400.00	7/30/99 8/30/99 9/30/99	50.00 50.00 50.00

SUBTOTAL of Receipts This Page (optional) 2,050.00

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

FEBANI04

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a(ii)

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC.
POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DR ADRIAN de la TORRE JR 42103 MOHAVE ROSE DRIVE LANCASTER CA 93536 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR ADRIAN de la TORRE JR Occupation: PHYSICIAN Aggregate Year-to-Date $	7/30/99 8/30/99 9/30/99 747.00	83.00 83.00 83.00
B. DR THOMAS EBNER 329 NEW HUDSON AURORA OH 44202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR THOMAS EBNER Occupation: PHYSICIAN Aggregate Year-to-Date $	7/30/99 8/30/99 9/30/99 400.00	50.00 50.00 50.00
C. DR CHARLES FATSEAS 51 BOGASTOW BROOK ROAD SHERBORN MA 01770 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR CHARLES FATSEAS Occupation: PHYSICIAN Aggregate Year-to-Date $	7/30/99 8/30/99 400.00	50.00 50.00
D. DR NORMAN GARRISON JR 9419 WINNIFIELD PLACE MONTGOMERY AL 36117 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR NORMAN GARRISON JR Occupation: PHYSICIAN Aggregate Year-to-Date $	7/28/99 600.00	600.00
E. DR ALLAN GENTEMAN RT 3 BOX 151-A HERMANN MO 65041 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR ALLAN GENTEMAN Occupation: PHYSICIAN Aggregate Year-to-Date $	7/28/99 250.00	250.00
F. DR CHRIS GIORSHEV 206 W 26TH STREET TIFTON GA 31794 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR CHRIS GIORSHEV Occupation: PHYSICIAN Aggregate Year-to-Date $	9/1/99 1,000.00	1,000.00
G. CPT CHARLES HOUSE 1300 DOUGLAS CIRCLE KEY WEST FL 33040 Receipt For: [ ] Primary [X] General [ ] Other (specify):	US NAVY Occupation: PHYSICIAN Aggregate Year-to-Date $	7/30/99 8/30/99 800.00	100.00 100.00

SUBTOTAL of Receipts This Page (optional)	2,549.00
TOTAL This Period (last page this line number only)	

FE3ANC-1

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a(ii)

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR JERRY MAJERS 6200 SW VORSE ROAD AUBURN KS 66402	VA PHYSICIAN	7/30/99 8/30/99 9/30/99	50.00 50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	450.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR LEWIS MARSHALL 495 STANDISH ROAD TEANECK NJ 07666	DR LEWIS MARSHALL PHYSICIAN	7/30/99 8/30/99 9/30/99	50.00 50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	450.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR STEPHEN MONTES 701 WEST WEDGEWOOD MUSKEGON MI 49445	DR STEPHEN MONTES PHYSICIAN	7/30/99 9/30/99	50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR EDWARD O'NEIL 112 PINCKNEY STREET BOSTON MA 02114	CARITAS MEDICAL GROUP PHYSICIAN	9/13/99	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR ALLEN PRINCE 199 ISLAND LANE LEONARD MI 48367	DR ALLEN PRINCE PHYSICIAN	9/13/99	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	850.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR RICKY ROWE 3 MUIRFIELD PLACE LOUISVILLE KY 40222	DR RICKY ROWE PHYSICIAN	8/19/99	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR F MICHAEL SCHULTZ 2410 CROCKETT DRIVE BROWNWOOD TX 76801	DR F MICHAEL SCHULTZ PHYSICIAN	7/30/99 8/30/99 9/30/99	100.00 100.00 100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,100.00	

SUBTOTAL of Receipts This Page (optional) 2,200.00

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

FEBANNH

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a(ii)

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NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DR RHODA WEISBURG 6 BLACK OAK TRAIL WARREN NJ 07059 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HACKENSACK UNIVERSITY MEDICAL CENTER PHYSICIAN Aggregate Year-to-Date $ 600.00	9/28/99	600.00
B. DR DANIEL WERT 1261 HUNSICKER ROAD LANCASTER PA 17601 Receipt For: [ ] Primary [X] General [ ] Other (specify):	RETIRED PHYSICIAN Aggregate Year-to-Date $ 450.00	7/30/99 8/30/99 9/30/99	50.00 50.00 50.00
C. DR KIPP YOUNG 1300 MEADOWLARK LANE ZILLAH WA 98953 Receipt For: [ ] Primary [X] General [ ] Other (specify):	DR KIPP YOUNG PHYSICIAN Aggregate Year-to-Date $ 300.00	7/19/99	300.00
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,050.00

TOTAL This Period (last page this line number only) 7,849.00

FE6AN064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21b

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 ASOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN EXPRESS P O BOX 53852 PHOENIX AZ 85072	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/30/99	19.99
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA CORPORATION 7300 CHAPMAN HIGHWAY KNOXVILLE TN 37920	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/30/99	70.85
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US POST OFFICE 3222 NORTH LAKE PARKWAY ATLANTA GA 31145	STAMPS Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/16/99	10.23
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMER. STAMP & MARKETING PRODUCTS P O BOX 1446 MARYLAND HEIGHTS MO 63043	RUBBER STAMP Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/18/99	26.54
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN EXPRESS P O BOX 53852 PHOENIX AZ 85072	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/30/99	23.74
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA CORPORATION 7300 CHAPMAN HIGHWAY KNOXVILLE TN 37920	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/30/99	40.70
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL GRAPHICS INC 725 DEKALB INDUSTRIAL WAY DECATOR GA 30033	NEWSLETTER IMPRINTS Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/1/99	96.68
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN EXPRESS P O BOX 53852 PHOENIX AZ 85072	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/30/99	18.11
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA CORPORATION 7300 CHAPMAN HIGHWAY KNOXVILLE TN 37920	CREDIT CARD FEES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/30/99	47.15

SUBTOTAL of Disbursements This Page (optional) 353.99

TOTAL This Period (last page this line number only) 353.99

FE5AND04

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 10-15-99
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 10-15-99

(4/98)