REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 17 12 00 PM '98

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
2111 WILSON BLVD SUITE 800

CITY, STATE and ZIP CODE
ARLINGTON VA 22201

2. FEC IDENTIFICATION NUMBER
C00331017

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

4. TYPE OF REPORT

(a) [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/98 through 3/31/98		
6. (a) Cash on Hand January 1, 1998		$ 2,250.00
(b) Cash on Hand at Beginning of Reporting Period	$ 2,250.00	
(c) Total Receipts (from Line 19)	$ 31,233.00	$ 31,233.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 33,483.00	$ 33,483.00
7. Total Disbursements (from Line 30)	$ 22,125.63	$ 22,125.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,357.37	$ 11,357.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 12,439.59	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
MARK R. SCARBOROUGH, ASSISTANT TREASURER

Signature of Treasurer
Mark R Scarborough

Date
4/10/98

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)

FE7AN047

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. PAC

REPORT COVERING PERIOD FROM 1/1/98 TO: 3/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	25,850.00	25,850.00	11(a)(i)
ii. Unitemized	5,383.00	5,383.00	11(a)(ii)
iii. Total (add i and ii) ➤	31,233.00	31,233.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	31,233.00	31,233.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	31,233.00	31,233.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	31,233.00	31,233.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	22,125.63	22,125.63	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	22,125.63	22,125.63	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	22,125.63	22,125.63	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	22,125.63	22,125.63	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	31,233.00	31,233.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	31,233.00	31,233.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	22,125.63	22,125.63	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	22,125.63	22,125.63	37

FE7AND47

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 6

FOR LINE NUMBER 11

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. F. Michael Schultz, 2410 Crockett Drive, Brownwood, TX 76801 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: F. Michael Schultz, MD, PA; Occupation: Self employed physician; Aggregate Year-to-Date > $ 250	1/12/98	250
B. F. Michael Shultz, 2410 Crockett Drive, Brownwood, TX 76801 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: F. Michael Schultz, MD, PA; Occupation: Self employed physician; Aggregate Year-to-Date > $ 350	2/27/98	100
C. F. Michael Schultz, 2410 Crockett Drive, Brownwood, TX 76801 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: F. Michael Schultz, MD, PA; Occupation: Self employed physician; Aggregate Year-to-Date > $ 450	3/31/98	100
D. Allan C. Genteman, Rt. 3 Box 151-A, Hermann, MO 65041 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Dr. A. Charles Genteman; Occupation: Self employed physician; Aggregate Year-to-Date > $ 250	1/23/98	250
E. Donald W. Taylor, 1907 W. Sycamore, Kokomo, IN 46902 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Golpa & Sokulich, Inc.; Occupation: Physician; Aggregate Year-to-Date > $ 500	1/26/98	500
F. Steven G. Carin, Jr., 040 Grosvenor Hall, Athens, OH 45701 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Ohio University; Occupation: Physician-Teacher; Aggregate Year-to-Date > $ 5,000	1/30/98	5,000
G. Ralph H. Kelley, P.O. Box 307, Nashville, IL 62263 — Receipt For: [ ] Primary [xx] General [ ] Other (specify):	Name of Employer: Sisters of St. Mary's Hospital; Occupation: Physician & Surgeon; Aggregate Year-to-Date > $ 1,000	1/31/98	1,000

SUBTOTAL of Receipts This Page (optional) 7,200

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

FE7AND47

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11

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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
Ann Agustsson-Mathers 5804 Elaine Drive Rockford, IL 61108 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Mathers Clinic Occupation: Self employed physician Aggregate Year-to-Date > $ 500	2/9/98	500
Clayton E. Whetmore 109 Summerset Drive Marietta, OH 45750-9048 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Clayton E. Whetmore, D.O. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	2/25/98	600
Andreas J. Bojko 74 Conestoga Way Glastonbury CT 06033 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Manchester Memorial Hospital Occupation: Staff physician Aggregate Year-to-Date > $ 600	2/26/98	600
Margaret C. Vives-Austin 54 Ridge Road Cheraw, SC 29520 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Consolidated Health Services, Inc. Occupation: Emergency Physician Aggregate Year-to-Date > $ 600	2/26/98	600
Bich Van Nguyen 10904 Scarsdale #150 Houston, TX 77089 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Bich Van Nguyen, M.D. Occupation: Self employed physician Aggregate Year-to-Date > $ 300	2/27/98	300
Susan M. Sarracino N84 W19194 Menomonee Ave. Menomonee Falls, WI 53051 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Falls Anesthesia Associates Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	1/9/98	200
Mohammed Tabibi St. Francis Medical Bldg. Suite 2 Mtn View MO 65548 Receipt For: [ ] Primary [x] General [ ] Other (specify):	St. Francis Hospital Occupation: Physician-surgeon Aggregate Year-to-Date > $ 300	2/28/98	300

SUBTOTAL of Receipts This Page (optional) 3,100

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

FEC FORM 7

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11

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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
James Byrne 2688 John Anderson Drive Ormond Beach, FL 32176 Receipt For: [ ] Primary [x] General [ ] Other (specify):	James Byrne, D.O. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	2/27/98	600
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John C. Pellosie 3951 Lake Mira Ct Orlando, FL 32817 Receipt For: [ ] Primary [xx] General [ ] Other (specify):	Dr. John C. Pellosie Occupation: Self employed physician Aggregate Year-to-Date > $ 1,000	2/27/98	1,000
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Max Miller 1230 Davis Cup Ct. Tracy, CA 95376 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Kaiser-Stockton CA Occupation: Emergency physician Aggregate Year-to-Date > $ 600	2/28/98	600
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary A. Goforth 1245 South Mill Street Nashville, IL 62263 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Gary A. Goforth, D.O. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	2/28/98	600
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sheldon Katanick 2627 S.E. 14th Street Ocala, FL 34471 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Marion Radiology, P.A. Occupation: Physician Aggregate Year-to-Date > $ 600	2/28/98	600
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James G. Gaal 209 Crown Drive Ripley, WV 25271 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Dr. James G. Gaal, D.O. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	3/3/98	600
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Donald Stillie P.O. Box 22608 Kansas City, MO 64113 Receipt For: [ ] Primary [x] General [ ] Other (specify):	G. Donald Stillie, D.O Occupation: Self employed physician Aggregate Year-to-Date > $ 600	3/5/98	600

SUBTOTAL of Receipts This Page (optional)	4,600
TOTAL This Period (last page this line number only)	

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 6

FOR LINE NUMBER 11

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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. Susan M. Butler-Sumner 16-A Alabama Street Cave Spring, GA 30124 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Susan M. Butler-Sumner, MD Occupation: Self employed physician Aggregate Year-to-Date: $ 600	3/5/98	600
B. Daniel D. Ricciardi 178 State Street Brooklyn, NY 11201 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Daniel D. Ricciardi, M.D. Occupation: Self employed physician Aggregate Year-to-Date: $ 500	3/5/98	500
C. Mark S. Clippinger 120 Knopps Landing Road Selah, WA 98942 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Providence Toppenish Hospital Occupation: Emergency physician Aggregate Year-to-Date: $ 600	3/5/98	600
D. Jules A. Cadet 128 N. 54th Street Miami, FL 33137 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Jules A. Cadet, M.D. Occupation: Self employed physician Aggregate Year-to-Date: $ 600	3/7/98	600
E. Gail Dawson 10140 Halsey Road Grand Blanc MI 48439 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Statcare Occupation: Emergency physician Aggregate Year-to-Date: $ 600	3/7/98	600
F. Thanh Thai 3965 Cypress Landing West Winter Haven FL 33884 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Osceola County Public Health Unit Occupation: Physician Aggregate Year-to-Date: $ 600	3/7/98	600
G. Daniel Einhorn 1134 E. University Ave #110 Mesa, AZ 85203 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Daniel Einhorn, M.D. Occupation: Self employed physician Aggregate Year-to-Date: $ 600	3/10/98	600

SUBTOTAL of Receipts This Page (optional)	4,100
TOTAL This Period (last page this line number only)	

FE2RN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11

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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. Jerry Wait Rt 1 Box 334A Kirksville, MO 63501 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Northeast Regional Medical Center Occupation: Physician Aggregate Year-to-Date > $ 600	3/10/98	600
B. Carlos Alvarado 698-6 Barton's Landing Fayetteville, NC 28314 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Carlos Alvarado, M.D. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	3/10/98	600
C. Terrence Leveck 5608 Grosvenor Lane Bethesda MD 20814 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Monroe County Medical Center Occupation: Emergency physician Aggregate Year-to-Date > $ 600	3/10/98	600
D. Philip W. Paparone 72 W. Jim Leeds Road Absecon NJ 08201 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Philip W. Paparone, D.O. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	3/11/98	600
E. Jeffrey J. Bernstein 2723 Moores Valley Drive Baltimore MD 21209 Receipt For: [ ] Primary [x] General [ ] Other (specify):	ODEPA Occupation: Physician Aggregate Year-to-Date > $ 600	3/17/98	600
F. Harlan L. Mast 30329 Castleford Ct Farmington Hills, MI 48331 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Emergency Resources, Inc. Occupation: Physician Aggregate Year-to-Date > $ 600	3/19/98	600
G. Patsy P. Cipoletti, Jr. 1421 Commerce Street Wellsburg, WV 26070 Receipt For: [ ] Primary [xx] General [ ] Other (specify):	Patsy P. Cipoletti, Jr., M.D. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	3/20/98	600

SUBTOTAL of Receipts This Page (optional) 4,200

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 6

FOR LINE NUMBER 11

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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
Jose R. Novoa 900 S. 74th Pl Suite 108 Omaha NE 68124 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Jose R. Novoa, M.D. Occupation: Self employed physician Aggregate Year-to-Date > $ 600	3/20/98	600
Tuan-Anh L. Ung 1060 Grandview Farms Dr Bethel Park PA 15102 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Southwestern PA Emergency Occupation: Emergency physician Aggregate Year-to-Date > $ 600	3/23/98	600
David S. James 3345 S Harvard Suite 301 Tulsa, OK 74135 Receipt For: [ ] Primary [x] General [ ] Other (specify):	David S. James, D.O. Occupation: Self employed physician Aggregate Year-to-Date > $ 250	3/25/98	250
Paula Plummer 13249 Bellaire Blvd Houston, TX 77083 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Southwest Family Physicians Occupation: Physician Aggregate Year-to-Date > $ 600	3/30/98	600
Susan M. Sarracino N84 W19194 Menomonee Ave Menomonee Falls WI 53051 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Falls Anesthesia Associates Occupation: Anesthesiologist Aggregate Year-to-Date > $ 800	2/27/98	600
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
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) 2,650

TOTAL This Period (last page this line number only) 25,850

FE7AND47

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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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	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Halsey, Rains & Associates, LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	PAC Management & Administrative expenses Primary [ ] General [x] Other (specify) [ ]	2/10/98	1,922.75
B. Halsey, Rains & Associates, LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	PAC Management & Administrative expenses Primary [ ] General [x] Other (specify) [ ]	2/10/98	5,543.65
C. Halsey, Rains & Associates, LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	PAC Management & Administrative expenses Primary [ ] General [x] Other (specify) [ ]	3/17/98	8,659.05
D. NOVA Information Systems, Inc. 7207 Chapman HWY Knoxville, TN 37920	Credit Card Setup Fees Primary [ ] General [x] Other (specify) [ ]	2/15/98	250.00
E. NOVA Information Systems, Inc. 7207 Chapman HWY Knoxville, TN 37920	Credit Card Fees Primary [ ] General [x] Other (specify) [ ]	3/3/98	1,750.80
F. Atlanta Airport Marriott 4711 Best Road Atlanta, GA 30337	Meeting Fees Primary [ ] General [xx] Other (specify) [ ]	3/10/98	3,989.63
G. George Mason Bank P.O. Box 600 Fairfax, VA 22030	Bank charges Primary [ ] General [xx] Other (specify) [ ]	3/11/98	9.75
H.	Purpose of Disbursement Primary [ ] General [ ] Other (specify) [ ]	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Primary [ ] General [ ] Other (specify) [ ]	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 22,125.63

TOTAL This Period (last page this line number only) 22,125.63

FE7AN047

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full), AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC. POLITICAL ACTION COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Halsey, Rains & Associates, LLC 2111 Wilson Blvd Suite 800 Arlington, VA 22201	1,922.75	26,642.57	16,125.45	12,439.59
Nature of Debt (Purpose): PAC Management				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	12,439.59
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	12,439.59

FE7AH047

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 04/13/98
☐	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	

DB — PREPARER

04/17/98 — DATE PREPARED

(4/98)