

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 Atlanta GA 30345 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2004 through 06 30 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	6

D	D
3	0

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	54198.26									
(c) Total Receipts (from Line 19)	20940.00	23665.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75138.26	98353.26								
7. Total Disbursements (from Line 31)	1311.27	24526.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73826.99	73826.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	6

D	D
3	0

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	9550.00	11350.00
(i) Itemized (use Schedule A)	10890.00	11815.00
(ii) Unitemized	20440.00	23165.00
(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)	20440.00	23165.00
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)	500.00	500.00
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))	20940.00	23665.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20940.00	23665.00

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.....	1311.27	2501.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1311.27	2501.27
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 .....	.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)) .....	.00	25.00
29. Other Disbursements.....	.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))..	1311.27	24526.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1311.27	24526.27

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)	20440.00	23165.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20440.00	23140.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1311.27	2501.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	500.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	811.27	2001.27

**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 / 17
	<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)

A. Full Name (Last, First, Middle Initial) Moses Alade		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4	
Mailing Address 4321 N.W. 170th Street		Transaction ID: SA11Ai-CN1754	
City State Zip Code Opa Locka FL 33055	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Unihealth of South Florida	Occupation Physician		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Carlos A. Alvarado, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 4	
Mailing Address 11417 Mt. Gleason		Transaction ID: SA11Ai-CN1762	
City State Zip Code Tujunga CA 91042	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr. Dennis A. Barraco, D.O.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 4	
Mailing Address 34522 North Scottsdale Road Suite D-8 614		Transaction ID: SA11Ai-CN1773	
City State Zip Code Scottsdale AZ 85262	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
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		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

**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 7 / 17
	<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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American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

Full Name (Last, First, Middle Initial) A. Solomon Behar		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2004	
Mailing Address 10315 NW 50th Street		Transaction ID: SA11Ai-CN1809	
City State Zip Code Coral Springs FL 33076	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Susan M. Butler-Sumner, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2004	
Mailing Address Po Box 550		Transaction ID: SA11Ai-CN1763	
City State Zip Code Cave Spring GA 30124	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark S. Clippinger, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2004	
Mailing Address 120 Knopps Landing Road		Transaction ID: SA11Ai-CN1804	
City State Zip Code Selah WA 98942	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Toppenish Hospital Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	

**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 8 / 17
	<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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American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

Full Name (Last, First, Middle Initial) A. Dr. Richard Cressey, M.D.		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2004
Mailing Address 2000 Commonwealth Ave.		Transaction ID: SA11Ai-CN1782
City State Zip Code Brighton MA 02135	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Randall J Guttridge		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2004
Mailing Address 558 Crystal Drive		Transaction ID: SA11Ai-CN1818
City State Zip Code Saint Petersburg FL 33708	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul Juetta, M.D.		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2004
Mailing Address 265 Ruskin Road		Transaction ID: SA11Ai-CN1783
City State Zip Code Buffalo NY 14226	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MFHS Emergency Services Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Self Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 9 / 17
	<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) David Lemonick		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2004	
Mailing Address 215 Harrow Drive		Transaction ID: SA11Ai-CN1791	
City State Zip Code Pittsburgh PA 15238		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation West Penn Hospital Physician			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Vaidy Nathan		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2004	
Mailing Address 830 N. Mills Ave		Transaction ID: SA11Ai-CN1756	
City State Zip Code Arcadia FL 34266		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Physician			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Dr. David Pietrasiuk, M.D.		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2004	
Mailing Address 715 Shipwatch Dr.		Transaction ID: SA11Ai-CN1751	
City State Zip Code Jacksonville FL 32225		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Physician			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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)

Full Name (Last, First, Middle Initial) A. Dr. Kenneth Quenneville, M.D.		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2004
Mailing Address 700 Partridge Lane		Transaction ID: SA11Ai-CN1807
City State Zip Code Eagle Lake TX 77434	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Luis E. Rios, Jr. M.D.		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2004
Mailing Address 2409 Stockton Drive		Transaction ID: SA11Ai-CN1761
City State Zip Code Green Cove Springs FL 32043	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jacksonville ER Consultants Inc. Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Marilia Rivera-Rios, M.D.		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2004
Mailing Address 1 Fox		Transaction ID: SA11Ai-CN1787
City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 11 / 17
	<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)

Full Name (Last, First, Middle Initial) A. Dr. Betsy Schenck, D.O.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 4
Mailing Address 14 Timbergreen		Transaction ID: SA11Ai-CN1832
City State Zip Code Denton TX 76205	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. James St. Louis, D.O.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 4
Mailing Address 1212 Aviola Drive		Transaction ID: SA11Ai-CN1764
City State Zip Code Gulf Breeze FL 32561	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Francis X. Troilo, D.O.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 3007 Aloma Avenue		Transaction ID: SA11Ai-CN1755
City State Zip Code Winter Park FL 32792	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 17	
	(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"/> 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)
Dennis V. Worthington

Mailing Address 119 Willie Horton Drive

City	State	Zip Code
Ruidoso	NM	88345

FEC ID number of contributing federal political committee.

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 ▼ <input type="text" value="500.00"/>
---	---

Date of Receipt
MM / DD / YYYY
06 / 14 / 2004

Transaction ID: SA11Ai-CN1795

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9550.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Full Name (Last, First, Middle Initial)
A. Adam Hasner Campaign

Mailing Address 33 Northeast 4th Ave

City	State	Zip Code
Delray Beach	FL	33483

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

Name of Employer Occupation

Receipt For: 2004	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	500.00
<input type="checkbox"/> Other (specify) ▼	

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2004

Transaction ID: SA15-ER2

Amount of Each Receipt this Period
500.00

Expenditure Refund

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)

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

State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX364

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

5.00

Merchant Fees

Full Name (Last, First, Middle Initial)

B. 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

State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX366

Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

5.00

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

C. 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

State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX367

Date of Disbursement

05 / 28 / 2004

Amount of Each Disbursement this Period

4.50

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ►

14.50

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)

<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-EX369

Date of Disbursement

06 / 03 / 2004

Amount of Each Disbursement this Period

5.00

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. 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-EX370

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

4.50

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

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-EX363

Date of Disbursement

04 / 02 / 2004

Amount of Each Disbursement this Period

25.00

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶

34.50

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)

<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

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX365

Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

32.68

Merchant Fees

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-EX368

Date of Disbursement

06 / 02 / 2004

Amount of Each Disbursement this Period

29.59

Administrative/Salary/Overhead Expenses

C. Trailblazer Campaign Services

Mailing Address 5115 Excelsior Blvd
Suite 103

City Minneapolis State MN Zip Code 55416

Purpose of Disbursement

Professional Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX362

Date of Disbursement

04 / 09 / 2004

Amount of Each Disbursement this Period

1200.00

Software Support

SUBTOTAL of Disbursements This Page (optional) ►

1262.27

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

1311.27

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 / 17	
	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)

A. 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	Transaction ID: SD9-INV210	
500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	500.00	.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTALS 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)	