

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 07 01 2004 through 09 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	9

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	73826.99									
(c) Total Receipts (from Line 19)	9000.00	32665.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	82826.99	107353.26								
7. Total Disbursements (from Line 31)	4039.36	28565.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78787.63	78787.63								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	9

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	2740.00	14090.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	6260.00	18075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9000.00	32165.00
(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)	9000.00	32165.00
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	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))	9000.00	32665.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9000.00	32665.00

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.....	4039.36	6540.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4039.36	6540.63
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))..	4039.36	28565.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4039.36	28565.63

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)	9000.00	32165.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9000.00	32140.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4039.36	6540.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4039.36	6040.63

**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 / 13
	<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) A. Anthony M. Bailey		Date of Receipt MM / DD / YYYY 07 / 01 / 2004
Mailing Address 416 Commonwealth Ave. Apt. 102		Transaction ID: SA11Ai-CN1845
City Boston	State MA	Zip Code 02215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cambridge Health Alliance	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	

Full Name (Last, First, Middle Initial) B. Jorge L Cambo		Date of Receipt MM / DD / YYYY 08 / 23 / 2004
Mailing Address 1143 Raintree Place		Transaction ID: SA11Ai-CN1894
City Winter Park	State FL	Zip Code 32789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jorge L Cambo		Date of Receipt MM / DD / YYYY 09 / 23 / 2004
Mailing Address 1143 Raintree Place		Transaction ID: SA11Ai-CN1904
City Winter Park	State FL	Zip Code 32789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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) Patrick C. Dunster		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2004
Mailing Address P.O. Box 117		Transaction ID: SA11Ai-CN1857
City Kidron	State OH	Zip Code 44636
Amount of Each Receipt this Period 250.00		
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 ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Randall J Guttridge		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2004
Mailing Address 558 Crystal Drive		Transaction ID: SA11Ai-CN1873
City Saint Petersburg	State FL	Zip Code 33708
Amount of Each Receipt this Period 100.00		
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 ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Randall J Guttridge		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2004
Mailing Address 558 Crystal Drive		Transaction ID: SA11Ai-CN1895
City Saint Petersburg	State FL	Zip Code 33708
Amount of Each Receipt this Period 100.00		
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) ▶	450.00
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 / 13
	<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)
Randall J Guttridge

Mailing Address 558 Crystal Drive

City State Zip Code
Saint Petersburg FL 33708

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

Name of Employer Self Occupation
Self Physician

Receipt For: 2004
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2004

Transaction ID: SA11Ai-CN1912

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Anthony Horwitz

Mailing Address 1815 Telegraph Road

City State Zip Code
Deerfield IL 60015

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

Name of Employer Self Occupation
Self Physician

Receipt For: 2004
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2004

Transaction ID: SA11Ai-CN1902

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 SE 14th Street

City State Zip Code
Ocala FL 34471

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

Name of Employer Marion Radiology Center Occupation
Physician

Receipt For: 2004
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2004

Transaction ID: SA11Ai-CN1911

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
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 9 / 13
	<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) Steven Maron		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2004	
Mailing Address P.O. Box		Transaction ID: SA11Ai-CN1863	
City State Zip Code Camarillo CA 93011		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Valley Emergency Physician Physician			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Dr. Lawrence Mittica, M.D.		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2004	
Mailing Address 92-1001 Aliinui Drive Unit 10B		Transaction ID: SA11Ai-CN1870	
City State Zip Code Kapolei HI 96707		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation EmCare 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. Tariq B. Niazi, M.D.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2004	
Mailing Address 1100 North Main Street		Transaction ID: SA11Ai-CN1855	
City State Zip Code Hutchinson KS 67501		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation The Medical Center Physician			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
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 / 13
	<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. Rasheed Siddiqui		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2004	
Mailing Address 4526 Autumn Ridge		Transaction ID: SA11Ai-CN1899	
City State Zip Code Saginaw MI 48603	Amount of Each Receipt this Period 70.00		
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 ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Rasheed Siddiqui		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2004	
Mailing Address 4526 Autumn Ridge		Transaction ID: SA11Ai-CN1906	
City State Zip Code Saginaw MI 48603	Amount of Each Receipt this Period 70.00		
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 ▼ 280.00		

Full Name (Last, First, Middle Initial) C. David A. Smith		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2004	
Mailing Address 3557 Kelsey Knolls		Transaction ID: SA11Ai-CN1887	
City State Zip Code Santa Rosa CA 95403	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CEP 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) ▶	640.00
TOTAL This Period (last page this line number only) ▶	2740.00

**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

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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 Other (Enter Description)

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX372

Date of Disbursement

07 / 06 / 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

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX376

Date of Disbursement

08 / 03 / 2004

Amount of Each Disbursement this Period

5.00

Administrative/Salary/Overhead 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

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX377

Date of Disbursement

08 / 30 / 2004

Amount of Each Disbursement this Period

4.50

Administrative/Salary/Overhead Expenses

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-EX380

Date of Disbursement

09 / 03 / 2004

Amount of Each Disbursement this Period

5.00

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

B. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement Other (Enter Description)

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX371

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

83.31

Merchant Fees

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-EX375

Date of Disbursement

08 / 03 / 2004

Amount of Each Disbursement this Period

71.80

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ►

160.11

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-EX379

Date of Disbursement

09 / 02 / 2004

Amount of Each Disbursement this Period

25.75

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
Office Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX373

Date of Disbursement

08 / 24 / 2004

Amount of Each Disbursement this Period

1139.00

Administrative/Salary/Ove-
rhead Expenses

C. M.F.P. Insurance Agency

Mailing Address 50 W. Broad St.
Suite 3200

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Other (Enter Description)

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX374

Date of Disbursement

08 / 24 / 2004

Amount of Each Disbursement this Period

2700.00

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional) ►

3864.75

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

4039.36