REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 28 A 11:07

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 00331017

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 OCTOBER 1, 1999 through DECEMBER 31, 1999		
6. (a) Cash on Hand January 1, 19 99		$ 10,736.54
(b) Cash on Hand at Beginning of Reporting Period	$ 33,342.76	
(c) Total Receipts (from Line 19)	$ 14,924.00	$ 54,997.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 48,266.76	$ 65,734.14
7. Total Disbursements (from Line 30)	$ 7,808.54	$ 25,275.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 40,458.22	$ 40,458.22
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 BUSBY, TREASURER

Signature of Treasurer
Wynn E. Busby

Date 1-27-00

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)

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

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN ASSOCIATION OF PHYSICIAN CIALISTS INC POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10/1/99 TO: 12/31/99

	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 (see Schedule A)	10,449.00	40,896.00	11
ii. Unitemized	4,475.00	13,795.00	11
iii. Total (add i and ii) ➤	14,924.00	54,691.00	11
b. Political Party Committees			11
c. Other Political Committees (such as PACs)			11
d. Total Contributions (add a iii, b and c) ➤	14,924.00	54,691.00	11
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.)		306.60	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) ➤	14,924.00	54,997.60	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,924.00	54,997.60	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21
i. Federal Share			21
ii. Non-Federal Share			21
b. Other Federal Operating Expenditures	808.54	17,275.92	21
c. Total Operating Expenditures (add a i, a ii, and b) ➤	808.54	17,275.92	21
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,000.00	8,000.00	23
24. Independent Expenditures (see Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see 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
b. Political Party Committees			28
c. Other Political Committees (such as PACs)			28
d. Total Contribution Refunds (add a, b and c) ➤			28
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,808.54	25,275.92	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,808.54	25,275.92	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	14,924.00	54,691.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	14,924.00	54,691.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	7,808.54	17,275.92	35
36. Offsets to Operating Expenditures (from line 15)		306.60	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	7,808.54	16,969.32	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 11(a)(i)

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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. BRUCE M. AIKIN 1661 FOREST AVENUE CHICO, CA 95928	ENLOE MEDICAL CENTER PHYSICIAN	11/10/99	400.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. JOHN T. BAILEY 2100 CENTERVILLE RD STE D TALLAHASSEE, FL 32308	SELF-EMPLOYED PHYSICIAN	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. SCOTT G. BARNES 3513 SCHOOLHOUSE LANE HARRISBURG, PA 17109	BRONSTEIN/JEFFRIES PHYSICIAN	10/29/99 11/30/99 12/30/99	200.00 200.00 200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. MICHAEL BEASLEY 1022 CRAPO LAKE TRAIL WEST BRANCH, MI 48661	STERLING HEALTH CARE PHYSICIAN	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	750.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. HERNAN E. BRIZUELA 34 LATHAM PARK ELKINS PARK, PA 19027	TEMPLE PHYSICIAN INC. PHYSICIAN	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. SUSAN BUTLER-SUMNER 16-A ALABAMA STREET CAVE SPRINGS, GA 30124	SELF-EMPLOYED PHYSICIAN	12/20/99	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	800.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. CHRISTOPHER L. CLARK 215 EAST GRAND AVENUE OLD ORCHARD BEACH, ME 04064	SELF-EMPLOYED PHYSICIAN	12/27/99	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	1,500.00	

SUBTOTAL of Receipts This Page (optional) > 2,150.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 2 OF 5

FOR LINE NUMBER 11(a)(i)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DR. MARK J. COHEN 8 SACHEM DRIVE SKANEATELES, NY 13152 Receipt For: [ ] Primary [X] General [ ] Other (specify):	AUBURN MEMORIAL HOSPITAL PHYSICIAN Aggregate Year-to-Date > $ 350.00	12/14/99	150.00
B. DR. JOSEPH COHEN 1135 TURQUOISE DRIVE LONGMONT, CO 80501 Receipt For: [ ] Primary [X] General [ ] Other (specify):	SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 550.00	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
C. DR. ERNEST J. DAVIS JR. 4830 LONDONDERRY ROAD HARRISBURG, PA 17109 Receipt For: [ ] Primary [X] General [ ] Other (specify):	BRONSTEIN/JEFFRIES PHYSICIAN Aggregate Year-to-Date > $ 600.00	11/10/99	600.00
D. DR. ADRIAN L de laTORRE JR. 42103 MOHAVE ROSE DRIVE LANCASTER, CA 93536 Receipt For: [ ] Primary [X] General [ ] Other (specify):	SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 996.00	10/29/99 11/30/99 12/30/99	83.00 83.00 83.00
E. DR. THOMAS EBNER 329 NEW HUDSON AURORA, OH 44202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date > $ 550.00	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
F. DR. ROBERT GELLER 1012 KINGSTON DRIVE CHERRY HILL, NJ 08034 Receipt For: [ ] Primary [X] General [ ] Other (specify):	WYOMING VALLEY HEALTH CARE PHYSICIAN Aggregate Year-to-Date > $ 350.00	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
G. DR. LEE L. GIBSON P. O. BOX 118 FORT WHITE, FL 32038 Receipt For: [ ] Primary [X] General [ ] Other (specify):	SHANDS HOSPITAL PHYSICIAN Aggregate Year-to-Date > $ 250.00	10/22/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,699.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. SANFORD H. BERMAN 500 WAYCROSS DRIVE GREENSBORO, NC 27410	MOREHEAD HOSPITAL EDEN, NC PHYSICIAN	12/27/99	300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CPT. CHARLES M HOUSE 1300 DOUGLAS CIRCLE KEY WEST, FL 33040	U. S. NAVY PHYSICIAN	12/14/99 12/30/99	300.00 100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	1,200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. ROBERT K. HOWITE 505 OMNI DRIVE SOMERVILLE, NJ 08876	SELF-EMPLOYED PHYSICIAN	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. JOHN A. KING 3904 8TH COURT SOUTH BIRMINGHAM, AL 35222	SELF-EMPLOYED PHYSICIAN	11/08/99	300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. BART MAGGIO 427 PASSAIC AVENUE PASSAIC, NJ 07055	RETIRED PHYSICIAN	10/28/99	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. JERRY R. MAJERS 6200 SW VORSE ROAD AUBURN, KS 66402	VA PHYSICIAN	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	600.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DR. LEWIS W. MARSHALL 495 STANDISH ROAD TEANECK, NJ 07666	SELF-EMPLOYED PHYSICIAN	10/29/99 11/30/99	50.00 50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	550.00	

SUBTOTAL of Receipts This Page (optional) > 2,400.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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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
DR. MAX W. MILLER 1230 DAVIS CUP COURT TRACY, CA 95376	KAISER PHYSICIAN	10/19/99	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
DR. STEPHEN A. MONTES 701 WEST WEDGEWOOD MUSKEGON, MI 49445	SELF-EMPLOYED PHYSICIAN	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	550.00	
DR. JOSE NOVOA 10616 CASTELAR STREET OMAHA, NE 68124	SELF-EMPLOYED PHYSICIAN	12/14/99	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
DR. RALPH OLECHOWSKI P. O. BOX 833 SAULT SAINTE MARIE, MI 49783	SELF-EMPLOYED PHYSICIAN	10/28/99	600.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	600.00	
DR. EDWARD ONEIL 112 PINCKNEY STREET BOSTON, MA 02114	CARITAS MEDICAL GROUP PHYSICIAN	11/23/99	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	2,000.00	
DR. RICKY L. ROWE 3 MUIRFIELD PLACE LOUISVILLE, KY 40222	SELF-EMPLOYED PHYSICIAN	10/28/99	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	350.00	
DR. MICHAEL C. SALTZBURG 615 HOWARD AVE, STE 200 ALTOONA, PA 16601	SELF-EMPLOYED PHYSICIAN	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $	250.00	

SUBTOTAL of Receipts This Page (optional) > 2,700.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11(a)(i)

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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. F. MICHAEL SCHULTZ 2410 CROCKETT DRIVE BROWNWOOD, TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date $ 1,400.00	10/29/99 11/30/99 12/30/99	100.00 100.00 100.00
B. DR. DOUGLAS SNOW 3590 KIOWA BAY LAKE HAVASU CITY, AZ 86404 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	HAVASU EMERGENCY PHYSICIANS PHYSICIAN Aggregate Year-to-Date $ 250.00	10/14/99	250.00
C. DR. TIMOTHY A VAN FLEET 1040 RENTON ROAD PITTSBURGH, PA 15239 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	EMERGENCY RESOURCE MANAGEMENT PHYSICIAN Aggregate Year-to-Date $ 500.00	11/08/99	500.00
D. DR. DANIEL D. WERT 1261 HONSICKER ROAD LANCASTER, PA 17601 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	RETIRED PHYSICIAN Aggregate Year-to-Date $ 600.00	10/29/99 11/30/99 12/30/99	50.00 50.00 50.00
E. DR. THADEUS D. WOODS 9941 ESSEX DRIVE OMAHA, NE 68114 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	SELF-EMPLOYED PHYSICIAN Aggregate Year-to-Date $ 300.00	10/19/99	300.00
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) 1,500.00

TOTAL This Period (last page this line number only) 10,445.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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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	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)	10/01/99	19.98
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)	10/04/99	40.00
C. 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)	11/02/99	19.99
D. 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)	11/15/99	64.83
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHNSON & SCARBOROUGH L.L.P. 2571 CHAIN BRIDGE ROAD VIENNA, VA 22181	ACCOUNTING SERVICES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/22/99	600.00
F. 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)	12/02/99	23.74
G. 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)	12/08/99	40.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	808.54
TOTAL This Period (last page this line number only)	808.54

FEC/4084

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF

FOR LINE NUMBER 23

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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. FRIENDS OF LANE EVANS COMMITTEE P. O. BOX 5263 ROCK ISLAND, IL 61204-5263	CAMPAIGN CONTRIBUTIONS Primary [ ] General [X] Other (specify) [ ]	10/05/99	1,000.00
B. ASHCROFT FOR SENATE 507 CAPITOL COURT NE, SUITE 100 WASHINGTON, DC 20002	CAMPAIGN CONTRIBUTIONS Primary [ ] General [X] Other (specify) [ ]	10/05/99	1,000.00
C. HASTERT FOR CONGRESS COMMITTEE P. O. BOX 625 BATAVIA, IL 60510	CAMPAIGN CONTRIBUTIONS Primary [ ] General [X] Other (specify) [ ]	10/05/99	1,000.00
D. FRIENDS OF CAROLYN MCCARTHY 151 LINDEN ROAD MINEOLA, NY 11501	CAMPAIGN CONTRIBUTIONS Primary [ ] General [X] Other (specify) [ ]	11/02/99	1,000.00
E. SANTORUM 2000 P. O. BOX 10495 PITTSBURGH, PA 15234	CAMPAIGN CONTRIBUTIONS Primary [ ] General [X] Other (specify) [ ]	11/11/99	1,000.00
F. CHRIS JOHN FOR CONGRESS P. O. BOX 971 CROWLEY, LA 70527	CAMPAIGN CONTRIBUTIONS Primary [ ] General [X] Other (specify) [ ]	11/15/99	1,000.00
G. FRIENDS OF SESSIONS FOR SENATE COMMITTEE P. O. BOX 4278 MONTGOMERY, AL 36103-4278	CAMPAIGN CONTRIBUTIONS Primary [ ] General [X] Other (specify) [ ]	11/15/99	1,000.00
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) 7,000.00

TOTAL This Period (last page this line number only) 7,000.00

FEC Form 3X

Federal Election Commission

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