

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) 5550 W. Executive Drive Suite 400 Tampa FL 33609 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, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2008 through 09 30 2008

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 Dr. Stephen A. Montes, D.O.

Signature of Treasurer Electronically Filed by Dr. Stephen A. Montes, D.O. Date 11 17 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**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	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		28484.23
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	36373.98									
(c) Total Receipts (from Line 19) .....	401.09	2952.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	36775.07	31436.89								
7. Total Disbursements (from Line 31) .....	13947.22	8609.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22827.85	22827.85								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> 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	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	400.00	1550.00
(i) Itemized (use Schedule A) .....	.00	1400.00
(ii) Unitemized .....	.00	.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	400.00	2950.00
(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) .....	400.00	2950.00
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	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.09	2.66
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)) .....	401.09	2952.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	401.09	2952.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	2947.22	4609.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2947.22	4609.04
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	500.00
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	.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	.00
29. Other Disbursements.....	11000.00	3500.00
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))..	13947.22	8609.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13947.22	8609.04

**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 .....	400.00	2950.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	400.00	2950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2947.22	4609.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2947.22	4609.04

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

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

FOR LINE NUMBER: PAGE 6 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Dr. Robert A. Donovan, M.D.  
Mailing Address 6859 Zerillo Drive  
City State Zip Code  
Riverbank CA 95367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 02 / 2008  
Transaction ID: SA11Ai-CN2190  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Flowe, M.D.  
Mailing Address 18 Wimbledon Drive  
City State Zip Code  
Roxboro NC 27573  
FEC ID number of contributing federal political committee. **C**  
Name of Employer person Emergency Physi- Occupation Physician  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 07 / 16 / 2008  
Transaction ID: SA11Ai-CN2186  
Amount of Each Receipt this Period 50.00

**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: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 07 / 16 / 2008  
Transaction ID: SA11Ai-CN2182  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13  
(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"/> 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)  
Dr. Bart E. Maggio, D.O.

Mailing Address 427 Passaic Avenue

City Passaic State NJ Zip Code 07055

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 16 / 2008

**Transaction ID:** SA11Ai-CN2178

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City Muskegon State MI Zip Code 49445

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 16 / 2008

**Transaction ID:** SA11Ai-CN2187

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City Muskegon State MI Zip Code 49445

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2008

**Transaction ID:** SA11Ai-CN2189

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 13</span>
	(check only one)
<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"/>	<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) Michael Wheelis		Date of Receipt
Mailing Address 16 Wild Turkey Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 16 / 2008
City	State	Zip Code
Natchez	MS	39120
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11Ai-CN2188
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 50.00
Occupation		
Receipt For: 2008	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Michael Wheelis		Date of Receipt
Mailing Address 16 Wild Turkey Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2008
City	State	Zip Code
Natchez	MS	39120
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11Ai-CN2191
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 50.00
Occupation		
Receipt For: 2008	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 450.00	
<input type="checkbox"/> Other (specify) ▼		

Per Tony: part of \$500 overcharge.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 400.00

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX549 Date of Disbursement 07 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 5.95 <hr/> credit card fee
<b>B.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX550 Date of Disbursement 07 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 3.25 <hr/> credit card fee
<b>C.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement credit card expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX555 Date of Disbursement 08 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 3.25 <hr/> credit card expense

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12.45

**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)

PAGE 10 / 13

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit card expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX560 Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 4.50 <hr/> Credit card expense
<b>B.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit card expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX561 Date of Disbursement 09 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 1.63 <hr/> Credit card expense
<b>C.</b>	Full Name (Last, First, Middle Initial) M.F.P. Insurance Agency <hr/> Mailing Address 50 W. Broad St. Suite 3200 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement D&O insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX558 Date of Disbursement 09 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 2781.00 <hr/> D&O insurance

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2787.13

**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)

PAGE 11 / 13

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Global Payments <hr/> Mailing Address 10705 Red Run Blvd <hr/> City Owings Mills State MD Zip Code 21117 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX551 Date of Disbursement 07 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 51.42 <hr/> credit card fee
<b>B.</b>	Full Name (Last, First, Middle Initial) Global Payments <hr/> Mailing Address 10705 Red Run Blvd <hr/> City Owings Mills State MD Zip Code 21117 <hr/> Purpose of Disbursement credit card expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX554 Date of Disbursement 08 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 49.12 <hr/> credit card expense
<b>C.</b>	Full Name (Last, First, Middle Initial) Global Payments <hr/> Mailing Address 10705 Red Run Blvd <hr/> City Owings Mills State MD Zip Code 21117 <hr/> Purpose of Disbursement Credit card expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX559 Date of Disbursement 09 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 47.10 <hr/> Credit card expense

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

147.64

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

2947.22

# 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)

PAGE 12 / 13

<input 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 checked="" 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)

A.	Full Name (Last, First, Middle Initial) Ed Homan Campaign  Mailing Address 9385 North 56th St. Suite 311  City Tampa State FL Zip Code 33617  Purpose of Disbursement contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX552 Date of Disbursement 08 / 05 / 2008  Amount of Each Disbursement this Period 500.00  contribution
B.	Full Name (Last, First, Middle Initial) People For A Better Florida  Mailing Address P. O. Box 1547  City Tallahassee State FL Zip Code 32302  Purpose of Disbursement People for a Better FL donation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX556 Date of Disbursement 08 / 20 / 2008  Amount of Each Disbursement this Period 5000.00  People for a Better FL donation
C.	Full Name (Last, First, Middle Initial) People For A Better Florida  Mailing Address P. O. Box 1547  City Tallahassee State FL Zip Code 32302  Purpose of Disbursement People for a Better FL donation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX557 Date of Disbursement 08 / 20 / 2008  Amount of Each Disbursement this Period 5000.00  People for a Better FL donation

SUBTOTAL of Disbursements This Page (optional) ..... ▶

10500.00

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)

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<input 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 checked="" 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)

A.

Full Name (Last, First, Middle Initial)

Ronald Renuart Campaign

Transaction ID: SB21b-EX553

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Mailing Address 1054 3rd Street North

City Jacksonville Beac State FL Zip Code 32250

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement contribution

011
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

contribution

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

500.00
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TOTAL This Period (last page this line number only) ..... ►

11000.00
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