REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 AUG 13 A 9:21

1. NAME OF COMMITTEE (in full)
AAPSPAC

ADDRESS (number and street)
2296 Henderson Mill Road Suite 206

CITY, STATE and ZIP CODE
Atlanta GA 30345

2. FEC IDENTIFICATION NUMBER
C00331017

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 21

☐ Twelfth day report preceding _____ election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is This Report an Amendment? ☒ YES ☐ NO

SUMMARY 5. Covering Period 07/01/2000 through 09/30/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		$40,458.22
(b) Cash on Hand at Beginning of Reporting Period	$56,689.68	
(c) Total Receipts (from Line19)	$6,081.00	$38,040.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$62,770.68	$78,498.22
7. Total Disbursements (from Line 30)	$3,201.14	$18,928.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$59,569.54	$59,569.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Stephen A. Montes, D.O.

Signature of Treasurer: Stephen A. Montes

Date: 08/10/ 2001

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

FEC FORM 3X
(revised 9/93)

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

Name of Committee: AAPSPAC — C00331017

REPORT COVERING PERIOD FROM 07/01/2000 TO 09/30/2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$5,771.00	$32,704.00	11(a)(i)
ii. Unitemized	$310.00	$5,336.00	11(a)(ii)
iii. Total (add i and ii)	$6,081.00	$38,040.00	11(a)(iii)
b. Political Party Committees	$0.00	$0.00	11(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	11(c)
d. Total Contributions (add a iii, b and c)	$6,081.00	$38,040.00	11(d)
12. Transfers From Affiliated/Other Party Committees	$0.00	$0.00	12
13. All Loans Received	$0.00	$0.00	13
14. Loan Repayments Received	$0.00	$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	$0.00	$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	$0.00	$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$0.00	$0.00	17
18. Transfers from Nonfederal Account for Joint Activity	$0.00	$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	$6,081.00	$38,040.00	19
20. Total Federal Receipts (subtract line 18 from line 19)	$6,081.00	$38,040.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	$0.00	$0.00	21(a)(i)
ii. Non-Federal Share	$0.00	$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	$2,768.14	$5,162.68	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	$2,768.14	$5,162.68	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$0.00	$13,000.00	23
24. Independent Expenditures (use Schedule E)	$0.00	$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	$0.00	$0.00	25
26. Loan Repayments Made	$0.00	$0.00	26
27. Loans Made	$0.00	$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	$433.00	$766.00	28(a)
b. Political Party Committees	$0.00	$0.00	28(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	$433.00	$766.00	28(d)
29. Other Disbursements	$0.00	$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	$3,201.14	$18,928.68	30
31. Total Federal Disbursements (subtract line 21 all from line 30)	$3,201.14	$18,928.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	$6,081.00	$38,040.00	32
33. Total Contribution Refunds (from line 28d)	$433.00	$766.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	$5,648.00	$37,274.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	$2,768.14	$5,162.68	35
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	$2,768.14	$5,162.68	37

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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)
AAPSPAC CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bailey, John T., Dr. 2100 Centerville Rd., Suite D Tallahassee FL 32308 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00
B. Bailey, John T., Dr. 2100 Centerville Rd., Suite D Tallahassee FL 32308 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00
C. Bailey, John T., Dr. 2100 Centerville Rd., Suite D Tallahassee FL 32308 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00
D. Bailey, John T., Dr. 2100 Centerville Rd., Suite D Tallahassee FL 32308 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	07/06/2000	$50.00
E. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $1,800.00	07/31/2000	$200.00
F. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $1,800.00	09/29/2000	$200.00
G. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $1,800.00	08/31/2000	$200.00

SUBTOTAL of Receipts This Page (optional) >	$800.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 12
	FOR LINE NUMBER 11(a)(i)

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A. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $1,800.00	07/06/2000	$200.00
B. Beasley, Michael W., Dr. 1022 Crapo Lake Trail West Branch MI 48661 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Sterling Health Care Physician Aggregate Year-to-Date > $450.00	07/06/2000	$50.00
C. Beasley, Michael W., Dr. 1022 Crapo Lake Trail West Branch MI 48661 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Sterling Health Care Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00
D. Beasley, Michael W., Dr. 1022 Crapo Lake Trail West Branch MI 48661 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Sterling Health Care Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00
E. Beasley, Michael W., Dr. 1022 Crapo Lake Trail West Branch MI 48661 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Sterling Health Care Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00
F. Brizuela, Hernan R., Dr. 34 Latham Park Elkins Park PA 19027 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Temple Physician Inc. Physician Aggregate Year-to-Date > $450.00	07/06/2000	$50.00
G. Brizuela, Hernan R., Dr. 34 Latham Park Elkins Park PA 19027 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Temple Physician Inc. Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00

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

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

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. Brizuela, Heman R., Dr. 34 Latham Park Elkins Park PA 19027 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Temple Physician Inc. Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00
B. Brizuela, Heman R., Dr. 34 Latham Park Elkins Park PA 19027 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Temple Physician Inc. Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00
C. de la Torre, Adrian L., Dr., Jr. 42103 Mohave Rose Drive Lancaster CA 93536 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $500.00	08/31/2000	$84.00
D. de la Torre, Adrian L., Dr., Jr. 42103 Mohave Rose Drive Lancaster CA 93536 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $500.00	07/06/2000	$83.00
E. de la Torre, Adrian L., Dr., Jr. 42103 Mohave Rose Drive Lancaster CA 93536 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $500.00	09/29/2000	$84.00
F. Ebner, Thomas, Dr. 329 New Hudson Aurora OH 44202 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00
G. Ebner, Thomas, Dr. 329 New Hudson Aurora OH 44202 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00

SUBTOTAL of Receipts This Page (optional) >	$451.00
TOTAL This Period (last page this line number only) >	

FOR LINE NUMBER 11(a)(i)

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

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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. Ebner, Thomas, Dr. 329 New Hudson Aurora OH 44202 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00
B. Ebner, Thomas, Dr. 329 New Hudson Aurora OH 44202 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	07/06/2000	$50.00
C. Geller, Robert, Dr. 1012 Kingston Drive Cherry Hill NJ 08034 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Wyoming Valley Health Care Physician Aggregate Year-to-Date > $350.00	07/06/2000	$50.00
D. Geller, Robert, Dr. 1012 Kingston Drive Cherry Hill NJ 08034 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Wyoming Valley Health Care Physician Aggregate Year-to-Date > $350.00	07/31/2000	$50.00
E. Geller, Robert, Dr. 1012 Kingston Drive Cherry Hill NJ 08034 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Wyoming Valley Health Care Physician Aggregate Year-to-Date > $350.00	08/31/2000	$50.00
F. Geller, Robert, Dr. 1012 Kingston Drive Cherry Hill NJ 08034 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Wyoming Valley Health Care Physician Aggregate Year-to-Date > $350.00	09/29/2000	$50.00
G. House, Charles M., Cpt. 1300 Douglas Circle Key West FL 33040 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	U.S. Navy Physician Aggregate Year-to-Date > $1,200.00	07/31/2000	$100.00

SUBTOTAL of Receipts This Page (optional) >	$400.00
TOTAL This Period (last page this line number only) >	

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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. House, Charles M., Cpt. 1300 Douglas Circle Key West FL 33040 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	U.S. Navy Occupation: Physician Aggregate Year-to-Date > $1,200.00	03/31/2000	$100.00
B. House, Charles M., Cpt. 1300 Douglas Circle Key West FL 33040 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	U.S. Navy Occupation: Physician Aggregate Year-to-Date > $1,200.00	07/06/2000	$100.00
C. House, Charles M., Cpt. 1300 Douglas Circle Key West FL 33040 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	U.S. Navy Occupation: Physician Aggregate Year-to-Date > $1,200.00	09/29/2000	$100.00
D. Ilowite, Robert K., Dr. 505 Omni Drive Somerville NJ 08876 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Dermatology Associates, Inc. Occupation: Physician Aggregate Year-to-Date > $400.00	07/31/2000	$50.00
E. Ilowite, Robert K., Dr. 505 Omni Drive Somerville NJ 08876 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Dermatology Associates, Inc. Occupation: Physician Aggregate Year-to-Date > $400.00	08/31/2000	$50.00
F. Ilowite, Robert K., Dr. 505 Omni Drive Somerville NJ 08876 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Dermatology Associates, Inc. Occupation: Physician Aggregate Year-to-Date > $400.00	07/06/2000	$50.00
G. Ilowite, Robert K., Dr. 505 Omni Drive Somerville NJ 08876 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Dermatology Associates, Inc. Occupation: Physician Aggregate Year-to-Date > $400.00	09/29/2000	$50.00

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

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C00331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Team Health Physician Aggregate Year-to-Date > $900.00	07/06/2000	$100.00
B. Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Team Health Physician Aggregate Year-to-Date > $900.00	09/29/2000	$100.00
C. Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Team Health Physician Aggregate Year-to-Date > $900.00	08/31/2000	$100.00
D. Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Team Health Physician Aggregate Year-to-Date > $900.00	07/31/2000	$100.00
E. Majers, Jerry R., Dr. 6200 SW Vorse Road Auburn KS 66402 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	VA Physician Aggregate Year-to-Date > $450.00	07/06/2000	$50.00
F. Majers, Jerry R., Dr. 6200 SW Vorse Road Auburn KS 66402 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	VA Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00
G. Majers, Jerry R., Dr. 6200 SW Vorse Road Auburn KS 66402 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	VA Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00

SUBTOTAL of Receipts This Page (optional) >	$550.00
TOTAL This Period (last page this line number only) >	

FOR LINE NUMBER 11(a)(i)

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AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Majors, Jerry R., Dr. 6200 SW Vorse Road Auburn KS 66402 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: VA Occupation: Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00
B. Merwin, Bruce A., Dr. 5130 Manchester Drive Zanesville OH 43701 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $800.00	07/06/2000	$100.00
C. Merwin, Bruce A., Dr. 5130 Manchester Drive Zanesville OH 43701 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $800.00	07/31/2000	$100.00
D. Merwin, Bruce A., Dr. 5130 Manchester Drive Zanesville OH 43701 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $800.00	08/31/2000	$100.00
E. Merwin, Bruce A., Dr. 5130 Manchester Drive Zanesville OH 43701 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $800.00	09/29/2000	$100.00
F. Montes, Stephen A., Dr. 701 West Wedgewood Muskegon MI 49445 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $350.00	08/31/2000	$50.00
G. Montes, Stephen A., Dr. 701 West Wedgewood Muskegon MI 49445 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $350.00	09/29/2000	$50.00

SUBTOTAL of Receipts This Page (optional) >	$550.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Monies, Stephen A., Dr. 701 West Wedgewood Muskegon MI 49445 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $350.00	07/06/2000	$50.00
B. Neff, Taylor, Dr. 3132 Fremont Avenue South Minneapolis MN 55408 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Hudson Physicians Physician Aggregate Year-to-Date > $270.00	07/31/2000	$30.00
C. Neff, Taylor, Dr. 3132 Fremont Avenue South Minneapolis MN 55408 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Hudson Physicians Physician Aggregate Year-to-Date > $270.00	08/31/2000	$30.00
D. Neff, Taylor, Dr. 3132 Fremont Avenue South Minneapolis MN 55408 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Hudson Physicians Physician Aggregate Year-to-Date > $270.00	09/29/2000	$30.00
E. Neff, Taylor, Dr. 3132 Fremont Avenue South Minneapolis MN 55408 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Hudson Physicians Physician Aggregate Year-to-Date > $270.00	07/06/2000	$30.00
F. Saltzburg, Michael C., Dr. 615 Howard Ave. Suite 200 Altoona PA 16601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00
G. Saltzburg, Michael C., Dr. 615 Howard Ave. Suite 200 Altoona PA 16601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00

SUBTOTAL of Receipts This Page (optional) >	$270.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

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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. Saltzburg, Michael C., Dr. 615 Howard Ave. Suite 200 Altoona PA 16601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self / Physician Aggregate Year-to-Date > $450.00	07/06/2000	$50.00
B. Saltzburg, Michael C., Dr. 615 Howard Ave. Suite 200 Altoona PA 16601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self / Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00
C. Schoen, Mitchell J., Dr. 10323 Tennessee Ave. Los Angeles CA 90064 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self-Employed / Physician Aggregate Year-to-Date > $1,200.00	08/21/2000	$200.00
D. Schoen, Mitchell J., Dr. 10323 Tennessee Ave. Los Angeles CA 90064 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self-Employed / Physician Aggregate Year-to-Date > $1,200.00	09/26/2000	$200.00
E. Schoen, Mitchell J., Dr. 10323 Tennessee Ave. Los Angeles CA 90064 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self-Employed / Physician Aggregate Year-to-Date > $1,200.00	07/31/2000	$200.00
F. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self / Physician Aggregate Year-to-Date > $900.00	08/31/2000	$100.00
G. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self / Physician Aggregate Year-to-Date > $900.00	07/31/2000	$100.00

SUBTOTAL of Receipts This Page (optional) >	$900.00
TOTAL This Period (last page this line number only) >	

FOR LINE NUMBER 11(a)(i)

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

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $900.00	07/06/2000	$100.00
B. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $900.00	09/29/2000	$100.00
C. Soyke, Jennifer, Dr. 1340 Birch Ave Cottage Grove OR 97424 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Cottage Grove Hospital Physician Aggregate Year-to-Date > $250.00	07/06/2000	$50.00
D. Stumhoffer, R. Brian, Dr. 5246 Piping Rock Lane Houston TX 77056 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Employed Physician Aggregate Year-to-Date > $400.00	08/31/2000	$50.00
E. Stumhoffer, R. Brian, Dr. 5246 Piping Rock Lane Houston TX 77056 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Employed Physician Aggregate Year-to-Date > $400.00	07/06/2000	$50.00
F. Stumhoffer, R. Brian, Dr. 5246 Piping Rock Lane Houston TX 77056 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Employed Physician Aggregate Year-to-Date > $400.00	09/29/2000	$50.00
G. Stumhoffer, R. Brian, Dr. 5246 Piping Rock Lane Houston TX 77056 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Employed Physician Aggregate Year-to-Date > $400.00	07/31/2000	$50.00

SUBTOTAL of Receipts This Page (optional) >	$450.00
TOTAL This Period (last page this line number only) >	

FOR LINE NUMBER 11(a)(i)

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

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
AAPSPAC CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Unice, Carol A., Dr. 6947 Heather Cove Maumee OH 43537 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Riverside Anesthesia Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00
B. Unice, Carol A., Dr. 6947 Heather Cove Maumee OH 43537 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Riverside Anesthesia Physician Aggregate Year-to-Date > $450.00	07/06/2000	$50.00
C. Unice, Carol A., Dr. 6947 Heather Cove Maumee OH 43537 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Riverside Anesthesia Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00
D. Unice, Carol A., Dr. 6947 Heather Cove Maumee OH 43537 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Riverside Anesthesia Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00
E. Wert, Daniel D., Dr. 1261 Hunsicker Road Lancaster PA 17601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Retired Physician Aggregate Year-to-Date > $450.00	08/31/2000	$50.00
F. Wert, Daniel D., Dr. 1261 Hunsicker Road Lancaster PA 17601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Retired Physician Aggregate Year-to-Date > $450.00	07/31/2000	$50.00
G. Wert, Daniel D., Dr. 1261 Hunsicker Road Lancaster PA 17601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Retired Physician Aggregate Year-to-Date > $450.00	09/29/2000	$50.00

SUBTOTAL of Receipts This Page (optional) >	$350.00
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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
AAPSPAC

C00331017

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wert, Daniel D., Dr. 1261 Hunsicker Road Lancaster PA 17601	Retired	07/06/2000	$50.00
Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Occupation: Physician Aggregate Year-to-Date > $450.00		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional) >	$50.00
TOTAL This Period (last page this line number only) >	$5,771.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Operating Expenditures

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

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (in Full)
AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. American Express P. O. Box 53852 Phoenix AZ 85072	Bank Service Charge Credit Card Processing Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	08/31/2000	$15.50
B. American Express P. O. Box 53852 Phoenix AZ 85072	Bank Service Charge Credit Card Processing Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	08/01/2000	$13.95
C. Douglas K. Tilghman 2336 Wisteria Drive, Suite 220 Scottdale GA 30079	Professional Services Accounting Services Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	08/17/2000	$2,600.00
D. Nova Information Systems 7300 Chapman High Knoxville TN 37920	Bank Service Charge Credit Card Processing Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	09/26/2000	$52.44
E. Nova Information Systems 7300 Chapman High Knoxville TN 37920	Bank Service Charge Credit Card Processing Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	08/16/2000	$40.00
F. Nova Information Systems 7300 Chapman High Knoxville TN 37920	Bank Service Charge Credit Card Processing Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	07/19/2000	$41.50
G. United Bank P. O. Box 500 Fairfax VA 22030	Professional Services Copy of bank statement Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	09/20/2000	$4.75
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	$2,768.14
TOTAL This Period (last page this line number only)	$2,768.14

SCHEDULE B ITEMIZED DISBURSEMENTS

Refunds of Contributions to Individuals

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

FOR LINE NUMBER 28(a)

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NAME OF COMMITTEE (in Full)
AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Bailey, John 2100 Centerville Rd., Suite D Tallahassee FL 32308	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$50.00
B. Beasley, Michael 1022 Grapo Lake Trail West Branch MI 48661	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$50.00
C. Brizuela, Hernan 34 Latham Park Elkins Park PA 19027	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$50.00
D. de la Torre, Adrian 42103 Mohave Rose Drive Lancaster CA 93536	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$83.00
E. Fatseas, Charles F. 51 Bogastow Brook Road Sherborn MA 01770	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$50.00
F. Majors, Jerry 6200 SW Vorse Road Auburn KS 66402	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$50.00
G. Montes, Stephen 701 West Wedgewood Muskegon MI 49445	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$50.00
H. Soyke, Jennifer 1340 Birch Ave Cottage Grove OR 97424	Refund of 07/06/2000 Contribution Disbursement For: ☐ Primary ☒ General ☐ Other (Specify)	07/06/2000	$50.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) $433.00

TOTAL This Period (last page this line number only) $433.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 8-13-9
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	8-13-9
PREPARER	DATE PREPARED

(6/2000)