

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 (AARSPAG)

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 2005 through 12 31 2005

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 02 27 2006

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	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		74929.01
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	75496.53									
(c) Total Receipts (from Line 19) .....	1390.00	3610.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	76886.53	78539.01								
7. Total Disbursements (from Line 31) .....	23766.56	25419.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53119.97	53119.97								
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) .....	3000.00									

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	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	1390.00	1970.00
(i) Itemized (use Schedule A) .....	.00	1640.00
(ii) Unitemized .....	1390.00	3610.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1390.00	3610.00
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.) .....	.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)) .....	1390.00	3610.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1390.00	3610.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<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.....	3016.56	4589.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3016.56	4589.04
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	250.00
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	80.00
(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	80.00
29. Other Disbursements.....	20500.00	20500.00
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))..	23766.56	25419.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23766.56	25419.04

**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) .....	1390.00	3610.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1390.00	3530.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3016.56	4589.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3016.56	4589.04

# 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 / 23
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) David G.C. McCann		Date of Receipt M M / D D / Y Y Y Y Y 07 / 22 / 2005	
Mailing Address 5906 Hwy 39		<b>Transaction ID:</b> SA11Ai-CN1983	
City State Zip Code Colquitt GA 39845	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miller County Hospital	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>B.</b> Full Name (Last, First, Middle Initial) David G.C. McCann		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2005	
Mailing Address 5906 Hwy 39		<b>Transaction ID:</b> SA11Ai-CN1987	
City State Zip Code Colquitt GA 39845	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miller County Hospital	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) David G.C. McCann		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2005	
Mailing Address 5906 Hwy 39		<b>Transaction ID:</b> SA11Ai-CN1991	
City State Zip Code Colquitt GA 39845	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miller County Hospital	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <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) <b>A.</b> David G.C. McCann		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 5906 Hwy 39		Transaction ID: SA11Ai-CN1995	
City State Zip Code Colquitt GA 39845	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miller County Hospital	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> David G.C. McCann		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 5906 Hwy 39		Transaction ID: SA11Ai-CN1999	
City State Zip Code Colquitt GA 39845	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miller County Hospital	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David G.C. McCann		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 5906 Hwy 39		Transaction ID: SA11Ai-CN2003	
City State Zip Code Colquitt GA 39845	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miller County Hospital	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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 / 23
	<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) <b>A.</b> Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 07 / 22 / 2005	
Mailing Address 209 Crossroads Plaza Suite 140		Transaction ID: SA11Ai-CN1982	
City State Zip Code Mount Vernon IL 62864		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2005	
Mailing Address 209 Crossroads Plaza Suite 140		Transaction ID: SA11Ai-CN1986	
City State Zip Code Mount Vernon IL 62864		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2005	
Mailing Address 209 Crossroads Plaza Suite 140		Transaction ID: SA11Ai-CN1990	
City State Zip Code Mount Vernon IL 62864		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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 / 23
	<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) <b>A.</b> Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 209 Crossroads Plaza Suite 140		<b>Transaction ID:</b> SA11Ai-CN1994
City State Zip Code Mount Vernon IL 62864	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 209 Crossroads Plaza Suite 140		<b>Transaction ID:</b> SA11Ai-CN1998
City State Zip Code Mount Vernon IL 62864	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 209 Crossroads Plaza Suite 140		<b>Transaction ID:</b> SA11Ai-CN2002
City State Zip Code Mount Vernon IL 62864	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<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) <b>A.</b> Rasheed Siddiqui		Date of Receipt M M / D D / Y Y Y Y Y 07 / 22 / 2005
Mailing Address 4526 Autumn Ridge		<b>Transaction ID:</b> SA11Ai-CN1984
City State Zip Code Saginaw MI 48603	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rasheed Siddiqui		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2005
Mailing Address 4526 Autumn Ridge		<b>Transaction ID:</b> SA11Ai-CN1988
City State Zip Code Saginaw MI 48603	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rasheed Siddiqui		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2005
Mailing Address 4526 Autumn Ridge		<b>Transaction ID:</b> SA11Ai-CN1992
City State Zip Code Saginaw MI 48603	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 630.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Association of Physician Specialists, Inc. Politician Action Committee (AAPSPAC)

**A.** Full Name (Last, First, Middle Initial)  
Rasheed Siddiqui

Mailing Address 4526 Autumn Ridge

City State Zip Code  
Saginaw MI 48603

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

Name of Employer Self Occupation  
Self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 5

**Transaction ID:** SA11Ai-CN1996

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
Rasheed Siddiqui

Mailing Address 4526 Autumn Ridge

City State Zip Code  
Saginaw MI 48603

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

Name of Employer Self Occupation  
Self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
770.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 5

**Transaction ID:** SA11Ai-CN2000

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
Rasheed Siddiqui

Mailing Address 4526 Autumn Ridge

City State Zip Code  
Saginaw MI 48603

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

Name of Employer Self Occupation  
Self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 5

**Transaction ID:** SA11Ai-CN2004

Amount of Each Receipt this Period  
70.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> 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 12 / 23
	<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) <b>A.</b> Lawson B. Freeman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 22 / 2005
Mailing Address 100 Grove Park Drive		<b>Transaction ID:</b> SA11Ai-CN1985
City State Zip Code Anderson SC 29621	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anderson Emergency Associates	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lawson B. Freeman		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2005
Mailing Address 100 Grove Park Drive		<b>Transaction ID:</b> SA11Ai-CN1989
City State Zip Code Anderson SC 29621	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anderson Emergency Associates	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lawson B. Freeman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2005
Mailing Address 100 Grove Park Drive		<b>Transaction ID:</b> SA11Ai-CN1993
City State Zip Code Anderson SC 29621	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anderson Emergency Associates	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> 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 13 / 23
<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

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)  
Lawson B. Freeman

Mailing Address 100 Grove Park Drive

City Anderson State SC Zip Code 29621

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

Name of Employer Anderson Emergency Associates Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11Ai-CN1997

Amount of Each Receipt this Period  
 20.00

**B.** Full Name (Last, First, Middle Initial)  
Lawson B. Freeman

Mailing Address 100 Grove Park Drive

City Anderson State SC Zip Code 29621

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

Name of Employer Anderson Emergency Associates Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11Ai-CN2001

Amount of Each Receipt this Period  
 20.00

**C.** Full Name (Last, First, Middle Initial)  
Lawson B. Freeman

Mailing Address 100 Grove Park Drive

City Anderson State SC Zip Code 29621

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

Name of Employer Anderson Emergency Associates Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11Ai-CN2005

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 23	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Charles H Wile

Mailing Address 11538 NC Hwy 87 Sth

City State Zip Code  
Eden NC 27288

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

Name of Employer Morehead Hospital Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	5

Transaction ID: SA11Ai-CN2006

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1390.00

**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)

PAGE 15 / 23

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX406

Date of Disbursement

07 / 05 / 2005

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 Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX408

Date of Disbursement

08 / 31 / 2005

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 Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX420

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

5.00

Merchant Fees

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

15.00

**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)

PAGE 16 / 23

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX413

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

5.00

Administrative/Salary/Ove-  
head Expenses

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX416

Date of Disbursement

11 / 03 / 2005

Amount of Each Disbursement this Period

5.00

Merchant Fees

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  
Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX417

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

5.00

Merchant Fees

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

15.00

**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)

PAGE 17 / 23

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** 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: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX410

Date of Disbursement

09 / 29 / 2005

Amount of Each Disbursement this Period

2700.00

D&O Insurance

Full Name (Last, First, Middle Initial)

**B.** Global Payments

Mailing Address 10705 Red Run Blvd

City Monkton State MD Zip Code 21111

Purpose of Disbursement  
Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX407

Date of Disbursement

07 / 05 / 2005

Amount of Each Disbursement this Period

47.87

Merchant Fees

Full Name (Last, First, Middle Initial)

**C.** Global Payments

Mailing Address 10705 Red Run Blvd

City Monkton State MD Zip Code 21111

Purpose of Disbursement  
Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX409

Date of Disbursement

08 / 31 / 2005

Amount of Each Disbursement this Period

47.87

Administrative/Salary/Ove-  
rhead Expenses

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

2795.74

**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

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. Global Payments**

Mailing Address 10705 Red Run Blvd

City Monkton State MD Zip Code 21111

Purpose of Disbursement Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX419

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

47.87

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Global Payments**

Mailing Address 10705 Red Run Blvd

City Monkton State MD Zip Code 21111

Purpose of Disbursement Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX414

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

47.87

Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

**C. Global Payments**

Mailing Address 10705 Red Run Blvd

City Monkton State MD Zip Code 21111

Purpose of Disbursement Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21b-EX415

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

48.08

Merchant Fees

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

143.82

**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 19 / 23

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10705 Red Run Blvd

City State Zip Code  
Monkton MD 21111

Purpose of Disbursement  
Other (Enter Description)

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX418

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

47.00

Merchant Fees

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

47.00

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

3016.56

**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 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

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.** Kim Berfield

Mailing Address 402 South Monroe St.  
223 The Capitol

City Tallahassee State FL Zip Code 32399

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX404

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

500.00

Political Contributions

Full Name (Last, First, Middle Initial)

**B.** Florida Republican Party

Mailing Address 420 East Jefferson Street, #3

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX411

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

10000.00

Political Contributions

Full Name (Last, First, Middle Initial)

**C.** Florida Republican Party

Mailing Address 420 East Jefferson Street, #3

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Political Contributions

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX412

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

10000.00

Political Contributions

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

20500.00

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

20500.00

**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)

PAGE 21 / 23

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TIM MURPHY FOR CONGRESS**

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement  
Political Contributions

Candidate Name  
Tim Murphy

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Transaction ID: SB23-EX405

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

250.00

Political Contributions

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

250.00

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

250.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
American Association of Physician Specialists, Inc. Politician Action Committee (AAPSPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ron Klein Campaign	Nature of Debt (Purpose): Invoice: Political Contributions
Mailing Address 3333 South Congress Avenue Suite 305A	
City State ZIP Code Delray Beach FL 33445	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10-INV116</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Skip Campbell Campaign	Nature of Debt (Purpose): Invoice: Political Contributions
Mailing Address 10094 McNab Road	
City State ZIP Code Fort Lauderdale FL 33321	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10-INV119</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim King Campaign	Nature of Debt (Purpose): Invoice: Campaign Contributions Political
Mailing Address 1914 Tyty Court	
City State ZIP Code Tallahassee FL 32308	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10-INV107</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 500.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1500.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 / 23	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 American Association of Physician Specialists, Inc. Politician Action Committee (AAPSPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Friends Of Lane Evans	Nature of Debt (Purpose): Invoice: Friend Of Lane Evans House 17 (
Mailing Address PO Box 5263	
City State ZIP Code Rock Island IL 61204	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-INV124</b>	
1500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	1500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1500.00
2) <b>TOTALS</b> This Period (last page this line number only).....	3000.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	