REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILNG LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported

1601 N. Tucson Blvd, Ste 9

CITY, STATE and ZIP CODE

Tucson, Arizona 85716

2. FEC IDENTIFICATION NUMBER 0000 41590

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11-07-00 in the State of U.S.A.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-19-00 through 11-27-00		
6. (a) Cash on Hand January 1, 2000		$ 15,569.03
(b) Cash on Hand at Beginning of Reporting Period	$ 4,728.02	
(c) Total Receipts (from Line 19)	$ Ø	$ 31,594.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4,728.02	$ 47,163.03
7. Total Disbursements (from Line 30)	$ 7,022.31	$ 49,457.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ (-2,294.29)	$ (-2,294.29)
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer: James F. Coy, Assistant Treasurer

Signature of Treasurer: James F. Coy

Date: 12-06-00

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

FEC FORM 3X
(revised 9/93)

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