

# 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

Check if different than previously reported. (ACC)

Tampa FL 33609

2. **FEC IDENTIFICATION NUMBER** C00331017

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post**-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 09 30 2007

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 02 12 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.

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	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		46499.07
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	12203.07									
(c) Total Receipts (from Line 19) .....	17988.43	17988.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	30191.50	64487.50								
7. Total Disbursements (from Line 31) .....	8575.01	42871.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21616.49	21615.74								
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) .....	2727.00									

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	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	14200.00	14200.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3750.00	3750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17950.00	17950.00
(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) .....	17950.00	17950.00
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) .....	38.43	38.43
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)) .....	17988.43	17988.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17988.43	17988.43

**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.....	3375.01	11671.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3375.01	11671.76
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	10000.00
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 .....	200.00	200.00
(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)) .....	200.00	200.00
29. Other Disbursements.....	.00	21000.00
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))..	8575.01	42871.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8575.01	42871.76

**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 .....	17950.00	17950.00
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17750.00	17750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3375.01	11671.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	38.43	38.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3336.58	11633.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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)  
Rashid Ayyub, M.d. Fac

Mailing Address 10 Davis Ln

City Roslyn State NY Zip Code 11576

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

Name of Employer Brunswick Hospital Center Occupation M.D. FACS FAA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 11 / 2007

**Transaction ID:** SA11Ai-CN2053

Amount of Each Receipt this Period 600.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Dennis A. Barraco, D.O.

Mailing Address 34522 North Scottsdale Road Suite D-8 614

City Scottsdale State AZ Zip Code 85262

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 ▼ 600.00

Date of Receipt 09 / 24 / 2007

**Transaction ID:** SA11Ai-CN2076

Amount of Each Receipt this Period 600.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Steven G. Carin, D.O.

Mailing Address 40 Grosvenor Hall

City Athens State OH Zip Code 45701

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

Name of Employer Ohio University Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 30 / 2007

**Transaction ID:** SA11Ai-CN2025

Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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: (check only one)	PAGE 7 / 22
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark S. Clippinger, M.D.		Date of Receipt
	Mailing Address 120 Knopps Landing Road		<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
	City	State	Zip Code
	Selah	WA	98942
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN2042
Name of Employer Providence Toppenish Hospital		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mark J. Cohen, M.D.		Date of Receipt
	Mailing Address 8 Sachem Drive		<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
	City	State	Zip Code
	Skaneateles	NY	13152
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN2072
Name of Employer Auburn Memorial Hospital		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Cook, M.D.		Date of Receipt
	Mailing Address 1821 Robinson Ave		<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
	City	State	Zip Code
	Conway	AR	72034
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN2051
Name of Employer Self Employed		Occupation M.D.	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 600.00	<input type="text"/> 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 22  
(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. Keith H. Crawford, M.D.  
Mailing Address 2421 Broadway  
City Paducah State KY Zip Code 42001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Crawford and Hundberg X-Ray  
Occupation Physician  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 04 / 2007  
Transaction ID: SA11Ai-CN2033  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dorothy Delana, M.d.  
Mailing Address 7 Yorke Rd  
City Morristown State NJ Zip Code 07960  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lutheran Medical Center-ER  
Occupation M.D.  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 09 / 11 / 2007  
Transaction ID: SA11Ai-CN2052  
Amount of Each Receipt this Period 600.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Ebner, D.O.  
Mailing Address 1920 Coconut Palm Circlse  
City North Port State FL Zip Code 34288  
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 ▼ 600.00  
Date of Receipt 07 / 10 / 2007  
Transaction ID: SA11Ai-CN2026  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**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: (check only one)	PAGE 9 / 22
	<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)  
Dr. Stephen C. Frey, M.D.

Mailing Address 8275 W. Remus Rd.

City Remus State MI Zip Code 49340

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

Name of Employer Mecosta Cnty. Gen. Hosp. Occupation M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 06 / 2007

Transaction ID: SA11Ai-CN2040

Amount of Each Receipt this Period 600.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory Gaurd, M.d.

Mailing Address 10809 Collette Dr N

City Peoria State IL Zip Code 61615

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

Name of Employer Peoria Pulmonary Assocs. Occupation M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2007

Transaction ID: SA11Ai-CN2061

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Giese, D.o. Faa

Mailing Address 12503 Golden Harvest Dr

City Fort Wayne State IN Zip Code 46845

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

Name of Employer Dupont Hospital Dept. EM Occupation D.O. FAAEP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2007

Transaction ID: SA11Ai-CN2065

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1850.00

**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 10 / 22  
(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. DeAnn W. Isackson, M.D.  
Mailing Address 10907 SE 66th Street  
City Renton State WA Zip Code 98056  
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 ▼ 600.00  
Date of Receipt 09 / 07 / 2007  
Transaction ID: SA11Ai-CN2067  
Amount of Each Receipt this Period 600.00

**B.** Full Name (Last, First, Middle Initial)  
Leslie Kalman, D.o.  
Mailing Address 13401 Ware Rd N  
City Edinburg State TX Zip Code 78541  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McAllen Heart Hospital - ER Occupation D.O.  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 09 / 25 / 2007  
Transaction ID: SA11Ai-CN2079  
Amount of Each Receipt this Period 600.00

**C.** Full Name (Last, First, Middle Initial)  
Hakam Kayasseh, M.d.  
Mailing Address 3531 148th St  
City Lubbock State TX Zip Code 79423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Covenant Medical Center Occupation M.D.  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: SA11Ai-CN2036  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**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: (check only one)	PAGE 11 / 22
	<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)  
Brian Lisse, M.d.  
Mailing Address 7 Curley Dr  
City Hudson State MA Zip Code 01749  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caritas Holy Family Hospital Occupation M.D.  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 28 / 2007  
Transaction ID: SA11Ai-CN2082  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Fredrica Mattiloi  
Mailing Address 3710 Bellefont St  
City Houston State TX Zip Code 77025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lasik Plus Vision Center Occupation Physician  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 26 / 2007  
Transaction ID: SA11Ai-CN2080  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Medvin, M.d.  
Mailing Address 122 Calistoga Rd 343  
City Santa Rosa State CA Zip Code 95409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Howard Memorial Hospital Occupation M.D.  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: SA11Ai-CN2031  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00  
**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 12 / 22  
(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)  
 Celeste Miller-Parish, D.o. Faa  
 Mailing Address Route 1 Box 113  
 City Arbela State MO Zip Code 63432  
 Date of Receipt MM / DD / YYYY 07 / 02 / 2007  
 Transaction ID: SA11Ai-CN2081  
 Amount of Each Receipt this Period 600.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Scotland Cnty Memorial Hospital Occupation D.O. FAASS  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date 600.00

**B.** Full Name (Last, First, Middle Initial)  
 Celeste Miller-Parish, D.o. Faa  
 Mailing Address Route 1 Box 113  
 City Arbela State MO Zip Code 63432  
 Date of Receipt MM / DD / YYYY 09 / 07 / 2007  
 Transaction ID: SA11Ai-CN2018  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Scotland Cnty Memorial Hospital Occupation D.O. FAASS  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date 900.00

**C.** Full Name (Last, First, Middle Initial)  
 Richard Moyer, D.o.  
 Mailing Address 77 Paradise Ct  
 City Metamora State MI Zip Code 48455  
 Date of Receipt MM / DD / YYYY 09 / 07 / 2007  
 Transaction ID: SA11Ai-CN2049  
 Amount of Each Receipt this Period 600.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Lapeer Family Health Center Occupation Physician  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**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 13 / 22  
(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

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. James E. Nicholson, M.D.

Mailing Address 104 Stratburgh Lane

City Cary State NC Zip Code 27511

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

Name of Employer: Stih Estrn Acute Care Specialists  
Occupation: Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 08 / 30 / 2007  
Transaction ID: SA11Ai-CN2028  
Amount of Each Receipt this Period: 600.00

**B.** Full Name (Last, First, Middle Initial)  
John Patrizio, M.D.

Mailing Address 13520 Reynard Ln

City Richmond State VA Zip Code 23233

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

Name of Employer: Richmond Community Hospital  
Occupation: M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 01 / 2007  
Transaction ID: SA11Ai-CN2030  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Marcus Purvis, M.d.

Mailing Address 352 Sunlight Way

City Canon City State CO Zip Code 81212

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

Name of Employer: Thomas Moore Hospital  
Occupation: M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 11 / 2007  
Transaction ID: SA11Ai-CN2062  
Amount of Each Receipt this Period: 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**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 14 / 22

(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

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. Kenneth Quenneville, M.D.

Mailing Address 700 Partridge Lane

City State Zip Code  
Eagle Lake TX 77434

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

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11Ai-CN2021

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Sacher, D.O.

Mailing Address Stone Gate Lane  
Old Brookville

City State Zip Code  
Glen Head NY 11545

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

Name of Employer Patients First Family Medical Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11Ai-CN2037

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence Stein, M.D.

Mailing Address 4600 Memorial Drive  
Suite 200

City State Zip Code  
Belleville IL 62226

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

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 7

Transaction ID: SA11Ai-CN2027

Amount of Each Receipt this Period

300.00

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

1300.00

**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 15 / 22

(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

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. Mohammed Tabibi, D.O.

Mailing Address 2645 Anzac Cir

City State Zip Code  
Carson City NV 89701

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2007

Transaction ID: SA11Ai-CN2071

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William A. White

Mailing Address 510 Powell Drive

City State Zip Code  
Annapolis MD 21401

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

Name of Employer Physician Management Ltd. Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN2041

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Isaac Yoon, M.d.

Mailing Address 10755 Falls Rd Ste 160

City State Zip Code  
Lutherville Timoni MD 21093

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

Name of Employer Patient First Occupation M.D.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2007

Transaction ID: SA11Ai-CN2070

Amount of Each Receipt this Period

600.00

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

1150.00

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

14200.00

**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

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) American Express <hr/> Mailing Address P. O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Administrative/Salary/Overhead Expenses 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-EX479 Date of Disbursement 07 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 5.95 <hr/> Administrative/Salary/Overhead Expenses
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 Processing 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-EX482 Date of Disbursement 08 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 5.95 <hr/> Credit Card Processing fee
C.	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 Processing 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-EX487 Date of Disbursement 09 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 5.95 <hr/> Credit Card Processing Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17.85
<b>TOTAL</b> 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 / 22

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Don Connelly & Associates  Mailing Address 10 N. Clarendon Ave.  City Avondale Estates State GA Zip Code 30002 Purpose of Disbursement sign 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-EX512 Date of Disbursement 07 / 06 / 2007  Amount of Each Disbursement this Period 240.00  sign	006 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Don Connelly & Associates  Mailing Address 10 N. Clarendon Ave.  City Avondale Estates State GA Zip Code 30002 Purpose of Disbursement Solicitation and Fundraising Expenses 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-EX480 Date of Disbursement 08 / 01 / 2007  Amount of Each Disbursement this Period 1519.00  Solicitation and Fundraising Expenses	003 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Global Payments  Mailing Address 10705 Red Run Blvd  City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Administrative/Salary/Overhead Expenses 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-EX478 Date of Disbursement 07 / 03 / 2007  Amount of Each Disbursement this Period 47.00  Administrative/Salary/Overhead Expenses	001 Category/ Type

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

1806.00

**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 18 / 22

<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)

A.	Full Name (Last, First, Middle Initial) Global Payments Mailing Address 10705 Red Run Blvd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Administrative/Salary/Overhead Expenses 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-EX481 Date of Disbursement 08 / 03 / 2007 Amount of Each Disbursement this Period 47.00 Administrative/Salary/Overhead Expenses
B.	Full Name (Last, First, Middle Initial) Global Payments Mailing Address 10705 Red Run Blvd City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Credit card Processing Fee 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-EX483 Date of Disbursement 09 / 05 / 2007 Amount of Each Disbursement this Period 47.00 Credit card Processing Fee
C.	Full Name (Last, First, Middle Initial) American Association Of Physician Specialists Inc Mailing Address 5505 Executive Dr. City Tampa State FL Zip Code 33609 Purpose of Disbursement postage 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-EX511 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 107.16 postage

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

201.16

**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 / 22

<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)

A.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 5201 Spruce St. West

City Tampa State FL Zip Code 33630

Purpose of Disbursement  
Solicitation and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX476

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

650.00

Solicitation and Fundrais-  
ing Expenses

B.

Full Name (Last, First, Middle Initial)

Metro Mailing Services

Mailing Address 1369 Logan Circle NW

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Solicitation and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX477

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

700.00

Solicitation and Fundrais-  
ing Expenses

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

1350.00

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

3375.01

**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 20 / 22

<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)

A.

Full Name (Last, First, Middle Initial)

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: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23-EX475

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

5000.00

Political Contributions

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

5000.00

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

5000.00

**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 / 22

<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 checked="" 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)

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Einhorn, D.O.

Transaction ID: SB28a-CR20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Mailing Address 1134 East University Avenuesuite 1  
10

City State Zip Code  
Mesa AZ 85203

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
Contribution Ref to Individual

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Refund of 09/06/07 Contri-  
bution

State: District:

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

200.00

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

200.00

**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)

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
American Association Of Physician Specialists Inc

Nature of Debt (Purpose):  
Invoice: postage Administrative/Salary/O

Mailing Address 5505 Executive Dr.

City Tampa State FL ZIP Code 33609

Outstanding Balance Beginning This Period

107.16

Transaction ID: SD10-INV371

Amount Incurred This Period

.00

Payment This Period

107.16

Outstanding Balance at Close of This Period

.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
American Association Of Physician Specialists Inc

Nature of Debt (Purpose):  
Invoice: D&O Insurance Administrative/Sa

Mailing Address 5505 Executive Dr.

City Tampa State FL ZIP Code 33609

Outstanding Balance Beginning This Period

.00

Transaction ID: SD10-INV354

Amount Incurred This Period

2727.00

Payment This Period

.00

Outstanding Balance at Close of This Period

2727.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	2727.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	2727.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	2727.00