

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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) 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 Stephen Montes

Signature of Treasurer Electronically Filed by Stephen Montes Date 10 12 2007

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	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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">46499.82</td></tr></table>	46499.82
Y	Y	Y	Y									
2	0	0	7									
46499.82												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">1203.07</td></tr></table>	1203.07										
1203.07												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">18488.43</td></tr></table>	18488.43	<table border="1" style="width: 100%;"><tr><td align="right">18488.43</td></tr></table>	18488.43								
18488.43												
18488.43												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">19691.50</td></tr></table>	19691.50	<table border="1" style="width: 100%;"><tr><td align="right">64988.25</td></tr></table>	64988.25								
19691.50												
64988.25												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">8174.90</td></tr></table>	8174.90	<table border="1" style="width: 100%;"><tr><td align="right">42471.65</td></tr></table>	42471.65								
8174.90												
42471.65												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">11516.60</td></tr></table>	11516.60	<table border="1" style="width: 100%;"><tr><td align="right">22516.60</td></tr></table>	22516.60								
11516.60												
22516.60												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">.00</td></tr></table>	.00										
.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">2779.95</td></tr></table>	2779.95										
2779.95												

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	14800.00	14800.00
(i) Itemized (use Schedule A)	3650.00	3650.00
(ii) Unitemized	18450.00	18450.00
(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)	18450.00	18450.00
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))	18488.43	18488.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18488.43	18488.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	2974.90	11271.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2974.90	11271.65
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))..	8174.90	42471.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8174.90	42471.65

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)	18450.00	18450.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18250.00	18250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2974.90	11271.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	38.43	38.43
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2936.47	11233.22

**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 / 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) Rashid Ayyub		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007
Mailing Address 10 Davis Ln		Transaction ID: SA11Ai-CN2053
City Roslyn State NY Zip Code 11576	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) Dr. Dennis A. Barraco, D.O.		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 34522 North Scottsdale Road Suite D-8 614		Transaction ID: SA11Ai-CN2076
City Scottsdale State AZ Zip Code 85262	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Dr. Steven G. Carin, D.O.		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007
Mailing Address 40 Grosvenor Hall		Transaction ID: SA11Ai-CN2025
City Athens State OH Zip Code 45701	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio University	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or 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"/> 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	

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

Full Name (Last, First, Middle Initial) A. Dr. Mark S. Clippinger, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address 120 Knopps Landing Road		Transaction ID: SA11Ai-CN2042
City State Zip Code Selah WA 98942	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Providence Toppenish Hospital	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark J. Cohen, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007
Mailing Address 8 Sachem Drive		Transaction ID: SA11Ai-CN2072
City State Zip Code Skaneateles NY 13152	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Auburn Memorial Hospital	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Joseph Cook		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007
Mailing Address 1821 Robinson Ave		Transaction ID: SA11Ai-CN2050
City State Zip Code Conway AR 72034	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL 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 8 / 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

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

Full Name (Last, First, Middle Initial) A. Joseph Cook		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007
Mailing Address 1821 Robinson Ave		Transaction ID: SA11Ai-CN2051
City State Zip Code Conway AR 72034	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Keith H. Crawford, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007
Mailing Address 2421 Broadway		Transaction ID: SA11Ai-CN2033
City State Zip Code Paducah KY 42001	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Crawford and Hundberg X-Ray Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dorothy Delana		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 7 Yorke Rd		Transaction ID: SA11Ai-CN2052
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation 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) or 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	

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

A. Full Name (Last, First, Middle Initial) Dr. Thomas Ebner, D.O. Mailing Address 1920 Coconut Palm Circlce City State Zip Code North Port FL 34288		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2007 Transaction ID: SA11Ai-CN2026 Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00

B. Full Name (Last, First, Middle Initial) Dr. Stephen C. Frey, M.D. Mailing Address 8275 W. Remus Rd. City State Zip Code Remus MI 49340		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007 Transaction ID: SA11Ai-CN2040 Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00

C. Full Name (Last, First, Middle Initial) Gregory Gaurd Mailing Address 10809 Collette Dr N City State Zip Code Peoria IL 61615		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007 Transaction ID: SA11Ai-CN2061 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	1450.00
TOTAL 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 10 / 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	

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

Full Name (Last, First, Middle Initial) A. Mark Giese		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 12503 Golden Harvest Dr		Transaction ID: SA11Ai-CN2065	
City State Zip Code Fort Wayne IN 46845		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. DeAnn W. Isackson, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 10907 SE 66th Street		Transaction ID: SA11Ai-CN2067	
City State Zip Code Renton WA 98056		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Physician			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Leslie Kalman		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 13401 Ware Rd N		Transaction ID: SA11Ai-CN2079	
City State Zip Code Edinburg TX 78541		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	2200.00
TOTAL 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 11 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Hakam Kayasseh		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 3531 148th St		Transaction ID: SA11Ai-CN2036	
City Lubbock	State TX	Zip Code 79423	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Brian Lisse		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 7 Curley Dr		Transaction ID: SA11Ai-CN2082	
City Hudson	State MA	Zip Code 01749	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Fredrica Mattiloi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7	
Mailing Address 3710 Bellefont St		Transaction ID: SA11Ai-CN2080	
City Houston	State TX	Zip Code 77025	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 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

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

A. Full Name (Last, First, Middle Initial)
Michael Medvin

Mailing Address 122 Calistoga Rd 343

City State Zip Code
Santa Rosa CA 95409

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

B. Full Name (Last, First, Middle Initial)
Celeste Miller-Parish

Mailing Address Route 1 Box 113

City State Zip Code
Arbela MO 63432

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
07 / 02 / 2007

Transaction ID: SA11Ai-CN2081

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Celeste Miller-Parish

Mailing Address Route 1 Box 113

City State Zip Code
Arbela MO 63432

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 07 / 2007

Transaction ID: SA11Ai-CN2018

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL 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 / 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	

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

A. Full Name (Last, First, Middle Initial)
Richard Moyer

Mailing Address 77 Paradise Ct

City State Zip Code
Metamora MI 48455

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11Ai-CN2049

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Dr. James E. Nicholson, M.D.

Mailing Address 104 Stratburgh Lane

City State Zip Code
Cary NC 27511

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

Name of Employer Occupation
Sth Estrn Acute Care Specialists 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
08 / 30 / 2007

Transaction ID: SA11Ai-CN2028

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
John Patrizio

Mailing Address 13520 Reynard Ln

City State Zip Code
Richmond VA 23233

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2007

Transaction ID: SA11Ai-CN2030

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 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	

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

A. Full Name (Last, First, Middle Initial) Marcus Purvis Mailing Address 352 Sunlight Way City State Zip Code Canon City CO 81212 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007 Transaction ID: SA11Ai-CN2062 Amount of Each Receipt this Period 600.00
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 600.00	

B. 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		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2007 Transaction ID: SA11Ai-CN2021 Amount of Each Receipt this Period 400.00
Name of Employer Self Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	

C. 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		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007 Transaction ID: SA11Ai-CN2037 Amount of Each Receipt this Period 600.00
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL 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 15 / 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	

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

A. Full Name (Last, First, Middle Initial)
Dr. 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 Y
07 / 10 / 2007

Transaction ID: SA11Ai-CN2027

Amount of Each Receipt this Period
300.00

B. 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

C. 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 Physicain 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

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL 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 16 / 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Isaac Yoon

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 Occupation

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	/	1	7	/	2	0	0	7

Transaction ID: SA11Ai-CN2070

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	14800.00

**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 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

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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 Administrative/Salary/Overhead Expenses

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX479

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

5.95

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 Credit Card Processing fee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX482

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

5.95

Credit Card Processing fee

Full Name (Last, First, Middle Initial)

C. 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

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX480

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1519.00

Solicitation and Fundrais-
ing Expenses

SUBTOTAL of Disbursements This Page (optional) ►

1530.90

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

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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 Owings Mills State MD Zip Code 21117

Purpose of Disbursement Administrative/Salary/Overhead Expenses

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX478

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

47.00

Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

B. 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

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21b-EX481

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

47.00

Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

C. 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 Fundraising Expenses

SUBTOTAL of Disbursements This Page (optional) ►

744.00

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 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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. 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 Fundraising Expenses

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

2974.90

**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Florida Republican Party

Mailing Address 420 East Jefferson Street #3

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Political Contributions

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23-EX475

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Political Contributions

SUBTOTAL of Disbursements This Page (optional)

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 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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Einhorn, D.O.

Mailing Address 1134 East University Avenuesuite 1
10

City State Zip Code
Mesa AZ 85203

Purpose of Disbursement
Contribution Ref to Individual

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28a-CR20

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

200.00

Refund of 09/06/07 Contri-
bution

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)	PAGE 22 / 22
	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)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Invoice: Credit Card Processing Fee Admi
Mailing Address P. O. Box 53852	
City State ZIP Code Phoenix AZ 85072	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	Transaction ID: SD10-INV347	
Amount Incurred This Period <input type="text" value="5.95"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="5.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Global Payments	Nature of Debt (Purpose): Invoice: Credit card Processing Fee Admi
Mailing Address 10705 Red Run Blvd	
City State ZIP Code Owings Mills MD 21117	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	Transaction ID: SD10-INV346	
Amount Incurred This Period <input type="text" value="47.00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="47.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor M.F.P. Insurance Agency	Nature of Debt (Purpose): Invoice: D&O insurance Administrative/Sa
Mailing Address 50 W. Broad St. Suite 3200	
City State ZIP Code Columbus OH 43215	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	Transaction ID: SD10-INV340	
Amount Incurred This Period <input type="text" value="2727.00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="2727.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2779.95"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="2779.95"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>