

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 5550 W. Executive Drive Suite 400

Check if different than previously reported. (ACC) Tampa FL 33609

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2011 through [MM] / [DD] / [YYYY] 12 / 31 / 2011

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 *Dr. Stephen A. Montes D.O.* [Electronically Filed] Date 01 / 06 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		28676.64
(b) Cash on Hand at Beginning of Reporting Period.....	25663.25	
(c) Total Receipts (from Line 19) .....	797.14	3087.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26460.39	31763.78
7. Total Disbursements (from Line 31).....	234.45	5537.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26225.94	26225.94
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		

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: 10 / 01 / 2011 To: 12 / 31 / 2011

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		
(i) Itemized (use Schedule A).....	780	2290
(ii) Unitemized .....		780
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	780	3070
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	780	3070
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received .....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	17.14	17.14
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5) .....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	797.14	3087.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	797.14	3087.14

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	234.45	5537.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	234.45	5537.84
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	234.45	5537.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	234.45	5537.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	780	3070
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	780	3070
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	234.45	5537.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	17.14	17.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	217.31	5520.7

**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 OF 15
<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. Jonathan Adelberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2189 Driftwood Circle

City Palm Beach Gardens	State FL	Zip Code 33410
----------------------------	-------------	-------------------

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

Name of Employer Okeechobee Emergency Physicians Inc.	Occupation Physician
--	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2011

**Transaction ID : SA11Ai-CN2569**

Amount of Each Receipt this Period  

100
-----

**B. Jonathan Adelberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2189 Driftwood Circle

City Palm Beach Gardens	State FL	Zip Code 33410
----------------------------	-------------	-------------------

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

Name of Employer Okeechobee Emergency Physicians Inc.	Occupation Physician
--	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

**Transaction ID : SA11Ai-CN2571**

Amount of Each Receipt this Period  

100
-----

**C. Jonathan Adelberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2189 Driftwood Circle

City Palm Beach Gardens	State FL	Zip Code 33410
----------------------------	-------------	-------------------

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

Name of Employer Okeechobee Emergency Physicians Inc.	Occupation Physician
--	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11Ai-CN2573**

Amount of Each Receipt this Period  

100
-----

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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) <b>A. Robert Agresti</b>		Date of Receipt 10 / 11 / 2011 <b>Transaction ID : SA11Ai-CN2566</b>
Mailing Address 1 Mount Prospect Avenue		Amount of Each Receipt this Period 30
City Verona	State NJ	Zip Code 07044
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert A. Donovan M.D.</b>		Date of Receipt 10 / 14 / 2011 <b>Transaction ID : SA11Ai-CN2568</b>
Mailing Address 6859 Zerillo Dr		Amount of Each Receipt this Period 50
City Riverbank	State CA	Zip Code 95367
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert A. Donovan M.D.</b>		Date of Receipt 11 / 22 / 2011 <b>Transaction ID : SA11Ai-CN2572</b>
Mailing Address 6859 Zerillo Dr		Amount of Each Receipt this Period 50
City Riverbank	State CA	Zip Code 95367
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 8 OF 15
<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. Dr. Robert A. Donovan M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6859 Zerillo Dr  
City Riverbank State CA Zip Code 95367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2012  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **400**

Date of Receipt **12 / 24 / 2011**  
**Transaction ID : SA11Ai-CN2574**  
Amount of Each Receipt this Period **50**

**B. Dr. Margaret C. Vives-Austin M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10006 Chatham Oaks Ct  
City Orlando State FL Zip Code 32836  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2012  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1000**

Date of Receipt **10 / 17 / 2011**  
**Transaction ID : SA11Ai-CN2567**  
Amount of Each Receipt this Period **100**

**C. Dr. Margaret C. Vives-Austin M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10006 Chatham Oaks Ct  
City Orlando State FL Zip Code 32836  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2012  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1100**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : SA11Ai-CN2570**  
Amount of Each Receipt this Period **100**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 9 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Margaret C. Vives-Austin M.D.**

Mailing Address 10006 Chatham Oaks Ct

City Orlando State FL Zip Code 32836

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt  
**12 / 15 / 2011**

**Transaction ID : SA11Ai-CN2575**

Amount of Each Receipt this Period  
**100**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>780.00</b>

**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

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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 merchant fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2011

**Transaction ID : SB21b-EX783**

Amount of Each Disbursement this Period

4.95

merchant fee

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 merchant fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2011

**Transaction ID : SB21b-EX784**

Amount of Each Disbursement this Period

4.23

merchant fee

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement merchant fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

**Transaction ID : SB21b-EX788**

Amount of Each Disbursement this Period

4.95

merchant fee

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

14.13

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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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  
merchant fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX789**

Amount of Each Disbursement this Period

merchant fee

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  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX794**

Amount of Each Disbursement this Period

Merchant Fee

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P. O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX795**

Amount of Each Disbursement this Period

Merchant Fee

**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)

<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. Bank of America**

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX781**

Amount of Each Disbursement this Period

Bank Service Charge

Full Name (Last, First, Middle Initial)

**B. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
merchant fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX785**

Amount of Each Disbursement this Period

merchant fee

Full Name (Last, First, Middle Initial)

**C. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
merchant discount fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX787**

Amount of Each Disbursement this Period

merchant discount fee

**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)

<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. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
merchant fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2011

**Transaction ID : SB21b-EX786**

Amount of Each Disbursement this Period

2.49

merchant fee

Full Name (Last, First, Middle Initial)

**B. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
bank fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2011

**Transaction ID : SB21b-EX790**

Amount of Each Disbursement this Period

0.70

bank fee

Full Name (Last, First, Middle Initial)

**C. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
bank fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2011

**Transaction ID : SB21b-EX791**

Amount of Each Disbursement this Period

0.97

bank fee

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

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

4.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2011			

**Transaction ID : SB21b-EX792**

Amount of Each Disbursement this Period

2.49
------

bank fee

Full Name (Last, First, Middle Initial)

**B. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2011			

**Transaction ID : SB21b-EX797**

Amount of Each Disbursement this Period

0.30
------

Merchant Fee

Full Name (Last, First, Middle Initial)

**C. SunTrust**

Mailing Address 500 N Westshore Blvd  
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2011			

**Transaction ID : SB21b-EX798**

Amount of Each Disbursement this Period

2.49
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Merchant Fee

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

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

5.28
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**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

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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. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
monthly fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB21b-EX782**

Amount of Each Disbursement this Period

59.95

monthly fee

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
cc fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2011

**Transaction ID : SB21b-EX793**

Amount of Each Disbursement this Period

59.95

cc fee

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Monthly Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2011

**Transaction ID : SB21b-EX796**

Amount of Each Disbursement this Period

59.95

Monthly Fee

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

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

179.85

234.45