

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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2008"/>		28484.23
(b) Cash on Hand at Beginning of Reporting Period	41908.98	
(c) Total Receipts (from Line 19)	951.09	24802.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42860.07	53286.89
7. Total Disbursements (from Line 31)	13947.22	24374.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28912.85	28912.85
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations owed BY 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

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)	800.00	23250.00
(ii) Unitemized	150.00	1550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	950.00	24800.00
(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)	950.00	24800.00
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)		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	1.09	2.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	951.09	24802.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	951.09	24802.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures.....	2947.22	4609.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2947.22	4609.04
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		500.00
24. Independent Expenditure (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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		15765.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		15765.00
29. Other Disbursements.....	11000.00	3500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	13947.22	24374.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13947.22	24374.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	950.00	24800.00
34. Total Contribution Refunds (from Line 28(d))		15765.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	950.00	9035.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2947.22	4609.04
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2947.22	4609.04

**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 / 17
	<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. Robert A. Donovan, M.D.
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: 2008 Primary General Other (specify)
Aggregate Year-to-Date 300.00
Date of Receipt 09 / 02 / 2008
Transaction ID: SA11Ai-CN2190
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth Flowe, M.D.
Mailing Address 18 Wimbledon Dr
City Roxboro State NC Zip Code 27573
FEC ID number of contributing federal political committee. **C**
Name of Employer person Emergency Physicians Occupation Physician
Receipt For: 2008 Primary General Other (specify)
Aggregate Year-to-Date 350.00
Date of Receipt 07 / 16 / 2008
Transaction ID: SA11Ai-CN2186
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth Flowe, M.D.
Mailing Address 18 Wimbledon Dr
City Roxboro State NC Zip Code 27573
FEC ID number of contributing federal political committee. **C**
Name of Employer person Emergency Physicians Occupation Physician
Receipt For: 2008 Primary General Other (specify)
Aggregate Year-to-Date 400.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11Ai-CN2195
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) **150.00**
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 7 / 17
(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)
Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City State Zip Code
Roxboro NC 27573

FEC ID number of contributing federal political committee. C

Name of Employer person Emergency Physicians
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 15 / 2008

Transaction ID: SA11Ai-CN2196

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City State Zip Code
Ocala FL 34471

FEC ID number of contributing federal political committee. C

Name of Employer Marion Radiology Center
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
07 / 16 / 2008

Transaction ID: SA11Ai-CN2182

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City State Zip Code
Ocala FL 34471

FEC ID number of contributing federal political committee. C

Name of Employer Marion Radiology Center
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 16 / 2008

Transaction ID: SA11Ai-CN2193

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) 150.00

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 8 / 17
(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)
Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City Ocala State FL Zip Code 34471

FEC ID number of contributing federal political committee. C

Name of Employer Marion Radiology Center Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 16 / 2008
Transaction ID: SA11Ai-CN2194
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Bart E. Maggio, D.O.

Mailing Address 427 Passaic Ave

City Passaic State NJ Zip Code 07055

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 16 / 2008
Transaction ID: SA11Ai-CN2178
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Bart E. Maggio, D.O.

Mailing Address 427 Passaic Ave

City Passaic State NJ Zip Code 07055

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2008
Transaction ID: SA11Ai-CN2197
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 150.00

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 9 / 17
(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. Bart E. Maggio, D.O.
Mailing Address 427 Passaic Ave
City Passaic State NJ Zip Code 07055
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Physician
Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 15 / 2008
Transaction ID: SA11Ai-CN2198
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes, D.O.
Mailing Address 701 West Wedgewood
City Muskegon State MI Zip Code 49445
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 ▼ 350.00
Date of Receipt 07 / 16 / 2008
Transaction ID: SA11Ai-CN2187
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen A. Montes, D.O.
Mailing Address 701 West Wedgewood
City Muskegon State MI Zip Code 49445
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 08 / 20 / 2008
Transaction ID: SA11Ai-CN2189
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00
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 10 / 17
	<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. Stephen A. Montes, D.O.
 Mailing Address 701 West Wedgewood
 City Muskegon State MI Zip Code 49445
 Date of Receipt 09 / 15 / 2008
Transaction ID: SA11Ai-CN2200
 Amount of Each Receipt this Period 50.00
 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 450.00

B. Full Name (Last, First, Middle Initial)
 Michael Wheelis
 Mailing Address 16 Wild Turkey Rd
 City Natchez State MS Zip Code 39120
 Date of Receipt 07 / 16 / 2008
Transaction ID: SA11Ai-CN2188
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date 400.00

C. Full Name (Last, First, Middle Initial)
 Michael Wheelis
 Mailing Address 16 Wild Turkey Rd
 City Natchez State MS Zip Code 39120
 Date of Receipt 08 / 16 / 2008
Transaction ID: SA11Ai-CN2191
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date 450.00
 Per Tony: part of \$500 overcharge.

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 11 / 17	
	(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) Michael Wheelis		Date of Receipt	
	Mailing Address 16 Wild Turkey Rd		M M / D D / Y Y Y Y 09 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11Ai-CN2199
	Natchez	MS	39120	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		50.00	
Name of Employer Self Employed		Occupation Physician		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	800.00

**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

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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) American Express Mailing Address P. O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement credit card 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-EX549 Date of Disbursement 07 / 03 / 2008 Amount of Each Disbursement this Period 5.95 001 Category/Type credit card fee
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address P. O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement credit card 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-EX550 Date of Disbursement 07 / 18 / 2008 Amount of Each Disbursement this Period 3.25 001 Category/Type credit card fee
C.	Full Name (Last, First, Middle Initial) American Express Mailing Address P. O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement credit card expense 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-EX555 Date of Disbursement 08 / 18 / 2008 Amount of Each Disbursement this Period 3.25 001 Category/Type credit card expense

SUBTOTAL of Disbursements This Page (optional) ▶

12.45

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 13 / 17

<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)

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 Credit card expense 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-EX560 Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 4.50 <hr/> Credit card expense
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 expense 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-EX561 Date of Disbursement 09 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 1.63 <hr/> Credit card expense
C.	Full Name (Last, First, Middle Initial) M.F.P. Insurance Agency <hr/> Mailing Address 50 W. Broad St. Suite 3200 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement D&O insurance 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-EX558 Date of Disbursement 09 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 2781.00 <hr/> D&O insurance

SUBTOTAL of Disbursements This Page (optional) ▶

2787.13

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)

A.	Full Name (Last, First, Middle Initial) Global Payments	Transaction ID: SB21b-EX551 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="51.42"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼
		credit card fee

B.	Full Name (Last, First, Middle Initial) Global Payments	Transaction ID: SB21b-EX554 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card expense	<input type="text" value="49.12"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼
		credit card expense

C.	Full Name (Last, First, Middle Initial) Global Payments	Transaction ID: SB21b-EX559 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card expense	<input type="text" value="47.10"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼
		Credit card expense

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="147.64"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2947.22"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Ed Homan Campaign Mailing Address 9385 North 56th St. Suite 311 City Tampa State FL Zip Code 33617 Purpose of Disbursement contribution 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-EX552 Date of Disbursement 08 / 05 / 2008	Amount of Each Disbursement this Period 500.00 contribution
B.	Full Name (Last, First, Middle Initial) People For A Better Florida Mailing Address P. O. Box 1547 City Tallahassee State FL Zip Code 32302 Purpose of Disbursement People for a Better FL donation 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-EX557 Date of Disbursement 08 / 20 / 2008	Amount of Each Disbursement this Period 5000.00 People for a Better FL donation
C.	Full Name (Last, First, Middle Initial) People For A Better Florida Mailing Address P. O. Box 1547 City Tallahassee State FL Zip Code 32302 Purpose of Disbursement People for a Better FL donation 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-EX556 Date of Disbursement 08 / 20 / 2008	Amount of Each Disbursement this Period 5000.00 People for a Better FL donation

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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)

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

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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)

Ronald Renuart Campaign

Transaction ID: SB21b-EX553

Date of Disbursement

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

Mailing Address 1054 3rd Street North

City Jacksonville Beac State FL Zip Code 32250

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

contribution

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

1100.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 / 17	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input 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 Aaron Bean Campaign			Nature of Debt (Purpose): Invoice: Political Contributions
Mailing Address 305 Bonnieview Rd			
City Fernandina Beach	State FL	ZIP Code 32034	

Outstanding Balance Beginning This Period		Transaction ID: SD9-INV364	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	.00	

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