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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

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 5941 RUTHERFORD ROAD

Check if different than previously reported. (ACC) MOUNT DORA FL 32757

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00041590

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, 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 ... in the State of ... (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on 11 02 2010 in the State of ...

5. Covering Period 10 01 2010 through 11 25 2010

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

Type or Print Name of Treasurer James F. Coy

Signature of Treasurer James F. Coy Date 12 01 2010

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 grid and FEC FORM 3X Rev. 12/2004

10030513796

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 / 01 / 2010 To: 11 / 25 / 2010

10030513797

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2010</u>		<u>651578</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>1611349</u>	
(c) Total Receipts (from Line 19).....	<u>2052000</u>	<u>3336500</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>3663349</u>	<u>3988078</u>
7. Total Disbursements (from Line 31).....	<u>3100910</u>	<u>3425639</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>562439</u>	<u>562439</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	

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)

Page 3

Write or Type Committee Name ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

10 / 01 / 2010

To:

11 / 25 / 2010

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).....

1660000

2335000

(ii) Unitemized.....

392000

1001500

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2052000

3336500

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2052000

3336500

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2052000

3336500

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2052000

3336500

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**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**

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	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	910	3,256,39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	910	3,256,39
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,100,000	3,100,000
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,100,910	3,425,639
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	3,100,910	3,425,639

10030513799

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

2052000
0
2052000
910
0
910

3336500
0
3336500
325639
0
325639

10030513800

**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 1 OF 7	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) <u>Marler, Phyllis T.</u>		Date of Receipt M M ' D D ' Y Y Y Y <u>10 ' 23 ' 2010</u>
Mailing Address <u>9728 E 375 St.</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>Zionsville, Indiana</u>	State Zip Code <u>46077</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>self</u>	Occupation <u>physician</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 500.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Ribnik, Harlan R</u>		Date of Receipt M M ' D D ' Y Y Y Y <u>10 ' 23 ' 2010</u>
Mailing Address <u>P.O. Box 628</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>Cheyenne, Wyoming</u>	State Zip Code <u>82003-0628</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>self</u>	Occupation <u>physician</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 500.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Sledge, Marlynn Marilyn K</u>		Date of Receipt M M ' D D ' Y Y Y Y <u>10 ' 23 ' 2010</u>
Mailing Address <u>8 Westelm Circle</u>		Amount of Each Receipt this Period <u>, 250.00</u>
City <u>San Antonio, Texas</u>	State Zip Code <u>78230</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>self</u>	Occupation <u>physician</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 250.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 1,250.00</u>
TOTAL This Period (last page this line number only).....▶	<u>, 1,250.00</u>

10030513801

**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 2 OF 7

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) A. Govett, Suzanne		Date of Receipt 10' 19' 2010
Mailing Address 1205 Air Depot Blvd		Amount of Each Receipt this Period , 250.00
City Midwest City, Oklahoma	State Zip Code 73100	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 250.00
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 250.00	
Full Name (Last, First, Middle Initial) B. Johnson, Garry		Date of Receipt 10' 19' 2010
Mailing Address 312 Oakridge Court		Amount of Each Receipt this Period , 2,500.00
City Columbia, Missouri	State Zip Code 65203	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 2,500.00
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 2,500.00	
Full Name (Last, First, Middle Initial) C. Turner, Nancy		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 4638 Nottingham Drive		Amount of Each Receipt this Period , 500.00
City Lafayette, Indiana	State Zip Code 47909	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 500.00
Name of Employer self	Occupation physician	
Receipt For: <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)..... **, 3,250.00**

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

10030513802

**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 3 OF 7

<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) A. Totora, James A.		Date of Receipt
Mailing Address 4205 McAuley Blvd, No. 305		10' 14' 2010
City	State	Zip Code
Oklahoma City	Oklahoma	73120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 250.00
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 250.00	

Full Name (Last, First, Middle Initial) B. Trachtenberg, George C.		Date of Receipt
Mailing Address 400 Plaza Drive		10' 14' 2010
City	State	Zip Code
Vestal	New York	13850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 500.00
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 500.00	

Full Name (Last, First, Middle Initial) C. Walker, Salley P.		Date of Receipt
Mailing Address 3102 Barcoady Road SE		10' 14' 2010
City	State	Zip Code
Huntsville	Alabama	35802-1146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1,000.00
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	, 1,750.00
TOTAL This Period (last page this line number only).....▶	, 1,750.00

10030513803

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

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

FOR LINE NUMBER: PAGE 4 OF 7
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) Ortiz, Ivan A
 Mailing Address 721 Woodfield Drive
 City El Paso State Texas Zip Code 79932
 Date of Receipt 10' 14' 2010
 Amount of Each Receipt this Period , 250.00
 Name of Employer self Occupation physician
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date , 250.00

B. Full Name (Last, First, Middle Initial) Puc, Michael
 Mailing Address 119 Gadwall Lane
 City Manlius State New York Zip Code 13104
 Date of Receipt 10' 14' 2010
 Amount of Each Receipt this Period , 250.00
 Name of Employer self Occupation physician
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date , 250.00

C. Full Name (Last, First, Middle Initial) Steffek, Haden A.
 Mailing Address 3109 Forrestridge Drive
 City Denton State Texas Zip Code 76205-8511
 Date of Receipt 10' 14' 2010
 Amount of Each Receipt this Period , 300.00
 Name of Employer self Occupation physician
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date , 300.00

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

10030513804

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

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

FOR LINE NUMBER: PAGE 5 OF 7
(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) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Maggianno, John M
 Mailing Address 1622 Kensing Lane
 City Santa Ana State California Zip Code 92705 3026
 Date of Receipt 10' 14' 2010
 Amount of Each Receipt this Period , 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date , 250.00

B. Full Name (Last, First, Middle Initial) Myers, Clifford E.
 Mailing Address 5401 North Knoxville Avenue
 City Peoria State Illinois Zip Code 61614
 Date of Receipt 10' 14' 2010
 Amount of Each Receipt this Period , 1,000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date , 1,000.00

C. Full Name (Last, First, Middle Initial) Nathan, Julia
 Mailing Address P.O. Box 2444
 City Hanlingen State Texas Zip Code 78551
 Date of Receipt 10' 14' 2010
 Amount of Each Receipt this Period , 300.00
 FEC ID number of contributing federal political committee. C
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date , 300.00

SUBTOTAL of Receipts This Page (optional).....▶ , 1,550.00
TOTAL This Period (last page this line number only).....▶ , ~~1,550.00~~ 90

10030513805

**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 7

<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) A. Mackool, Richard J.		Date of Receipt MM' DD' YYYY 10' 14' 2010
Mailing Address 31-27 41st Street		Amount of Each Receipt this Period 500.00
City Astoria	State Zip Code New York 1103	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michas Con		Date of Receipt MM' DD' YYYY 10' 14' 2010
Mailing Address 4089 N. Van Ness		Amount of Each Receipt this Period 500.00
City Fresno	State Zip Code California 93704	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Miraglia, Vincent P.		Date of Receipt MM' DD' YYYY 10' 14' 2010
Mailing Address 66 N. Sewalls Point Road		Amount of Each Receipt this Period 500.00
City Stuart	State Zip Code Florida 34996-6641	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Physician	
Receipt For: <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).....▶	1,500.00
TOTAL This Period (last page this line number only).....▶	

10030513806

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

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

FOR LINE NUMBER:		PAGE 7 OF 7						
(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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) A. Baker, Roy P.		Date of Receipt 10'14'2010
Mailing Address 27 Island Drive		Amount of Each Receipt this Period , 1,000.00
City Savannah	State Georgia	
Zip Code 31406-5238		
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 1,000.00	

Full Name (Last, First, Middle Initial) B. Fisher, Laura		Date of Receipt 10'14'2010
Mailing Address 1590 Canyon Road		Amount of Each Receipt this Period , 5,000.00
City Providence	State Utah	
Zip Code 84332		
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 5,000.00	

Full Name (Last, First, Middle Initial) C. Hyland, Caryl		Date of Receipt 10'14'2010
Mailing Address 521 Deer Park Drive		Amount of Each Receipt this Period , 500.00
City Gulf Breeze	State Florida	
Zip Code 32561		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <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).....▶	, 6,500.00
TOTAL This Period (last page this line number only).....▶	, 16,600.00

10030513807

**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 1 OF 5

<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A.

Andy Harris for Congress
Mailing Address: **PO Box 1527**
City: **Annapolis, Maryland** State: **Md.** Zip Code: **21404**

Date of Disbursement: **10' 22' 2010**

Purpose of Disbursement: **Andy Harris** Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **011** Category/Type
State: **Md.** District: **1st**

Amount of Each Disbursement this Period: **1,000.00**

B.

Art Robinson for Congress
Mailing Address: **PO Box 1250**
City: **Cave Junction, Oregon** State: **Or** Zip Code: **97523**

Date of Disbursement: **10' 22' 2010**

Purpose of Disbursement: **Art Robinson** Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **011** Category/Type
State: **Oregon** District: **4th**

Amount of Each Disbursement this Period: **3,000.00**

C.

Miller - Meeks for Congress
Mailing Address: **P.O. Box 3091**
City: **Iowa City, Iowa** State: **Iowa** Zip Code: **52244**

Date of Disbursement: **10' 27' 2010**

Purpose of Disbursement: **Mariannette Miller-Meeks** Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **011** Category/Type
State: **Iowa** District: **2nd**

Amount of Each Disbursement this Period: **1,000.00**

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

5,000.00

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

5,000.00

10030513808

**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 2 OF 5	
<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

A. Sharon Angle for Senate

Mailing Address: **7710 W. Sahara Avenue, Ste 127**
 City: **Las Vegas, Nevada** State: **Nevada** Zip Code: **89117**

Purpose of Disbursement: **011**

Candidate Name: **Sharon Angle** Category/Type: **011**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: **Nevada** District: _____

Date of Disbursement: **10' 27' 2010**

Amount of Each Disbursement this Period: **3,000.00**

B. John Dennis for Congress

Mailing Address: **1592 Union Street**
 City: **San Francisco, California** State: **California** Zip Code: **94123**

Purpose of Disbursement: **011**

Candidate Name: **John Dennis** Category/Type: **011**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: **Calif** District: **8th**

Date of Disbursement: **10' 22' 2010**

Amount of Each Disbursement this Period: **2,000.00**

C. Scott DesJarlais for Congress

Mailing Address: **PO Box 311**
 City: **Jasper, Tennessee** State: **Tennessee** Zip Code: **37347**

Purpose of Disbursement: **011**

Candidate Name: **Scott DesJarlais** Category/Type: **011**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: **Tenn** District: **4th**

Date of Disbursement: **10' 22' 2010**

Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional).....▶ **6,000.00**

TOTAL This Period (last page this line number only).....▶ **6,000.00**

608150001

**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 3 OF 5

<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) Anna Little for Congress		Date of Disbursement 10' 22' 2010
Mailing Address P.O. Box 382		Amount of Each Disbursement this Period , 3,000.00
City Highlands, New Jersey	State New Jersey	
Zip Code 07732		Amount of Each Disbursement this Period , 3,000.00
Purpose of Disbursement		
Candidate Name Anna Little	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: New Jersey District: 6th		

B. Full Name (Last, First, Middle Initial) Star Parker for Congress		Date of Disbursement 10' 22' 2010
Mailing Address P.O. Box 4625		Amount of Each Disbursement this Period , 2,000.00
City Carson, California	State California	
Zip Code 90749		Amount of Each Disbursement this Period , 2,000.00
Purpose of Disbursement		
Candidate Name Star Parker	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: Calif. District: 37th		

C. Full Name (Last, First, Middle Initial) Rand Paul for Senate		Date of Disbursement 10' 22' 2010
Mailing Address 1019 State Street		Amount of Each Disbursement this Period , 3,000.00
City Bowling Green, Kentucky	State Kentucky	
Zip Code 42101		Amount of Each Disbursement this Period , 3,000.00
Purpose of Disbursement		
Candidate Name Rand Paul	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: Kentucky District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, 8,000.00
TOTAL This Period (last page this line number only).....▶	, , .

10030513810

**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 4 OF 5
	<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

A. Joe Heck for Congress		Date of Disbursement
Mailing Address PO Box 750114		10' 22' 2010
City Las Vegas	State Nevada	Zip Code 89136
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Joe Heck		011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	, 1,000.00
State: Nevada	District: 3rd	

B. Nick Popaditch for Congress		Date of Disbursement
Mailing Address 303 F street		10' 22' 2010
City Chula Vista,	State California	Zip Code 91910
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Nick Popaditch		011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	, 3,000.00
State: California	District: 51st	

C. Donna Campbell for Congress		Date of Disbursement
Mailing Address P.O. Box 156		10' 22' 2010
City Columbus	State Texas	Zip Code 78934
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Donna Campbell		011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	, 3,000.00
State: Texas	District: 25th	

SUBTOTAL of Disbursements This Page (optional).....▶	, 7,000.00
TOTAL This Period (last page this line number only).....▶	, , .

10030513811

**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 **5** OF **5**

<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) **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Ben Quayle for Congress		Date of Disbursement
Mailing Address 4247 N. 44th Street		10' 22' 2010
City Phoenix	State Arizona	Zip Code 85018
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Ben Quayle		011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		3,000.00
State: Arizona District: 3		

B. Rob Steele for Congress		Date of Disbursement
Mailing Address 505 E. Huron #306		10' 22' 2010
City Ann Arbor	State Michigan	Zip Code 48104
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Rob Steele		011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1,000.00
State: Michigan District: 15		

C. Dan Benishek for Congress		Date of Disbursement
Mailing Address 415 S. Stephenson, Ste 2		10' 22' 2010
City Iron Mountain, Michigan	State Michigan	Zip Code 49801
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Dan Benishek		011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1,000.00
State: Michigan District: 1st		

SUBTOTAL of Disbursements This Page (optional).....▶	5,000.00
TOTAL This Period (last page this line number only).....▶	31,000.00

10030513812

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

10030513813

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>12/2/10</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] *12/8/10*

PREPARER DATE PREPARED