# 703949145

FE6AN026

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2007 JUL 30 AM 11: 06

Office Use Only

1.	NAME OF COMMITT	EE (in full)	TYPE O	R PRINT ▼		cample: If ty er the lines		12FE41	M5		
NOVAMED, INC, POLITICAL ACTION COMMITTEE,											
L			1 080 N		IIGAN AVĘNĮ	<u> </u>			<u>. l. l. l</u> .	! <u>;</u>	
ADE	ADDRESS (number and street)		t			, <u>c</u>	<del></del>	1 1 1 1		<del></del>	<u> </u>
	than	c if different previously ed. (ACC)	CHICA	1620 4GO			<u> </u>		[6061 <sub>1</sub> 1	<u> </u> _	·
2.	FEC IDEN	ITIFICATION	NUMBER '	<b>▼</b>	CITY 🛦	····	··	STATE A		ZIP COI	DE 🛦
	C 0042	8086			3. IS THIS REPORT	X	NEW (N) OR		AMENDED (A)		
	TYPE OF	REPORT ne)	R	onthly eport	Feb 20 (M2	· 0	May 20 (M5)	<b></b>	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarte	rly Reports:	D	ue On:	Mar 20 (M3	, 0	Jun 20 (M6)	☐ s	ep 20 (M9)		Dec 20 (M12) (Non Election Year Only)
		pril 15 uarterly Report	(01)		Apr 20 (M4)	<u> </u>	Jul 20 (M7)	<u> </u>	ct 20 (M10)		Jan 31 (YE)
	J.	uly 15 uarterly Report	(c)	PRE-Electi	1000	Primary (12	il	edi eg	al (12G)	Li	Runoff (12R)
		ctober 15 uarterly Report	(Q3)	Report for	tne:	Convention	(12C)	Specia	ıl (12S) 		
		nuary 31 ear-End Report	(YE)		Election on					in the State of	
	R	ily 31 Mid-Year eport (Non-elec ear Only) (MY)		30-Day POST-Elect Report for	السا	General (3	og) [	Runoff	(30R)		Special (30S)
		rmination Repo ER)	ort	·	Election on		· [ ] · [	~ <del>***</del>		in the State of	
6. Covering Period 1 1 2007 through 6 30 2007											
	certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete										
Гуре	Type or Print Name of Treasurer SCOTT T MACOMBER										
Signa	Signature of Treasurer 1. Date 0) 26 2000										
NOTE	IOTE: 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									FÖRI ev. 12/20	

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	: Page 2
Write or Type Committee Name NOVAMED, INC. POLITICAL ACTION COM	MITTEE	,
Report Covering the Period: From:	1 1 2007 To:	6 30 2007
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 (a) Cash on Hand January 1, 2007		0 00
(b) Cash on Hand at  Beginning of Reporting Period	0.00	i.
(c) Total Receipts (from Line 19)	6,400.00	6,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,400.00	6,400.00
7. Total Disbursements (from Line 31)	1,616.47	1,616.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,783.53	4,783.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	·
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	: :
This committee has qualified as a multic	andidate 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

FE6AN026

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)	<u>-</u>	Page 3		
Write or Type Committee Name				
NOVAMED, INC. POLITICAL ACTION COMMITTEE	E			
शिक्सा ।	PD TO A LYTY TY			
Report Covering the Period: From:	1 2007 To:	0 0 0007		
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	6,400.00	6,400.00		
(i) Itemized (use Schedule A)	0,400.00	0,400.00		
(ii) Unitervised	0.00	0.00		
(ii) Uniternized(iii) TOTAL (add				
Lines 11(a)(i) and (ii)	6,400.00	6,400.00		
Lines Tr(a)(i) and (ii)				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines	الجبستانية الكبيداليسطانية كالمسادية	handanidae Charles Abat Resident Leading		
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	6,400.00	6,0400.00		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
3. All Loans Received	0.00	0.00		
4. Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures	milionali ikendinum Consili kendinumbungki sundunud	Specific and hear Character with the Specific and Specifi		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other	entimetrace to make made made, we describe make make			
Political Committees	0.00	0.00		
7. Other Federal Receipts		0.00		
(Dividends, Interest, etc.)	0.00	0.00		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
the selection of the se		ب استان استا		
(b) Louis Fundo (from Cohodulo 115)	0.00	0.00		
(b) Levin Funds (from Schedule H5)				
(c) Total Transfers (add 18(a) and 18(b))	0.00			
(c) form framers (and form) and form).	de Madente. 3 résentes a company	0.00		
D. Total Receipts (add Lines 11(d),	and the second s			
12, 13, 14, 15, 16, 17, and 18(c))▶	6,400.00	6,400.00		
	Charles and the state of the st			
Total Federal Receipts	6 400 00	6 400 00		
(subtract Line 18(c) from Line 19)▶	6,400.00	6,400.00		
	The state of the s			

#### **DETAILED SUMMARY PAGE**

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 116.47 116.47 Expenditures ..... (c) Total Operating Expenditures 116.47 116.47 (add 21(a)(i), (a)(ii), and (b)) ..... 22. Transfers to Affiliated/Other Party 0.00 0.00 1.500.00 .500.00 24. Independent Expenditures 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made ..... 0.00 0.00 Loans Made. Refunds of Contributions To: ... (a) Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c))............▶ 0.00 0.00 29. Other Disbursements ..... 30. Federal Election Activity (2 U.S C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ...... 0.00 0 00 (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ... 1,616.47 1,616.47 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

1,616.47

1,616.47

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/Operating Ex-COLUMN B **Total This Period** penditures Calendar Year-to-Date 33 Total Contributions (other than loans) 1,500.00 1,500.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1,500.00 1,500.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 16.47 116.47 (add Line 21(a)(i) and Line 21(b)) ........ 37. Offsets to Operating Expenditures 0.00 (from Line 15, page 3)...... 38. Net Operating Expenditures 116.47 

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

6311 West 95th Street

FEC ID number of contributing

General

General

General

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

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

federal political committee.

Güier (specify) ▼

1335 Williams Street

FEC ID number of contributing

federal political committee.

Other (specify) ▼

835 Thatcher Avenue

FEC ID number of contributing

federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

Full Name (Last, First, Middle Initial)

Mailing Address

Oak Lawn

Name of Employer

Receipt For:

X Primary

Kirk, Kent A.

City

Mailing Address

River Forest

Name of Employer

Receipt For:

NovaMed, Inc.

Primary

Kirk, Scott H.

Mailing Address

River Forest

Name of Employer

NovaMed, Inc. Receipt For:

Primary

NovaMed, Inc.

Full Name (Last, First, Middle Initial) Schlenker, James D.

PAGE OF 3 FOR LINE NUMBER: 1 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d **Detailed Summary Page** 12 13a 13b 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. NOVAMED, INC. POLITICAL ACTION COMMITTEE Date of Receipt 2007 02 State Zip Ccde IL 60453 C Amount of Each Receipt this Period 100.00 Occupation: Physician-owner Election Cycle-to-Date Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) 100.00 Date of Receipt 2007 State Zip Code IL 60305 Amount of Each Receipt this Period 2,500.00 **Cocupation** Physician-owner Election Cycle-to-Date Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) 2,500.00 **Date of Receipt** 2007 State Zip Gode IL 60305 C Amount of Each Receipt this Period 2.500.00 Cocupation Physician-owner Election Cycle-to-Date Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) 2.500.00

5,100.00

		<del></del>			
SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 2 OF 3 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 11			
Any information copied from such Reports and State or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)		•			
NOVAMED, INC. POLITICAL ACTION CO	DMMITTEE				
Full Name (Last, First, Middle Initial)					
A. Cione, Dean A.  Maiing Address 4708 Alliance Boulevard, Suite 240	Date of Receipt 2 6 2007				
City Plano	horizonal basebased basebased				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Perlod			
Name of Employer NovaMed, Inc.	· · · · · · · · · · · · · · · · · · ·				
Receipt For:    X   Primary	Election Cycle-to-Date ▼ 100.00	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(I)/441a-1)			
Full Name (Last, First, Middle Initial) Conahan, James B.		Date of Receipt			
Mailing Address 267 West Sylvestor Place City	State Zip Code	5 7 30 7 2007			
Highlands Ranch	CO 80129				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
NovaMed, Inc.	Decupation Physician-owner	400.00			
Receipt For:    X   Primary   General     Other (specify) ▼	Election Cycle-to-Date 400.00	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(I)/441a-1)			
Full Name (Last, First, Middle Initial) Deschamps, Eldi E.		Date of Receipt			
Mailing Address 8510 Broadway Street City	State Zip Gode	3 28 2007			
Merrillville	IN 46410				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
NovaMed, Inc.	ecupation Physician-owner	500.00			
Receipt For:    X   Primary     General     Other (specify) ▼	Election Cycle-to-Date 500.00	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a1)			
SUBTOTAL of Receipts This Page (optional)		1,000.00			
TOTAL This Period (last page this line number only	) <u></u>	Aug Aug Ang			

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 3 OF 3 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 11d			
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name	person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)					
NOVAMED, INC. POLITICAL ACTION COMMI	MEE				
Full Name (Last, First, Midule Initial) Wolin, Lawrence D.	Full Name (Last, First, Middie initial)				
Mailiny Address 2256 North Magnolia	Date of Receipt  3 / 31 / 2007				
City Stat Chicago IL	o Zip Code 60614				
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period			
Name of Employer Cocup NovaMed, Inc. Phys	ation sician-owner	100.00			
Receipt For:  X Primary General  Ctiner (specify) ▼	on Cycle-to-Date 100 00	Limits increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)			
Full Name (Last, First, Middle Initial) Pelton, Ronald W.	Date of Receipt				
Mailing Address 455 East Pikes Peak Ave, Suite 309 City State	5 14 2007				
Colorado Springs CO	Zip Code 80903				
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period			
Name of Employer Cocup NovaMed, Inc. Phys	atlon sician-owner	100.00			
Receipt For:  X Primary General  Other (specify) ▼	n Cycle-to-Date 100.00	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(I)/441a-1)			
Full Name (Last, First, Middle Initial) Schreiber, Jon T					
Malling Address 13275 South Hilcreek Road	5 21 . 2007				
City Strate Whitehouse TX	Zip Gode 75791				
FEC ID number of contributing federal political committee.	ally conference learned and the conference of th	Amount of Each Receipt this Period			
Name of Employer Cocupe  NovaMed, Inc. Phys	ition ician-owner	100.00			
Receipt For:    X   Primary   General     Other (specify) ▼	100.00	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)			
SUBTOTAL of Receipts This Page (optional)		300.00			

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

SCHEDULE B (FEC Form 3X)	
ITEMIZED DISBURSEMENTS	Use se for eac Detaile

SCHEDULE B (FEC FOIII 3A)	Use separate schedule(s)		NE NUMBER: PAGE 1 OF 1			
ITEMIZED DISBURSEMENTS	for each category of the	(check only	<u> </u>	7 o4 [7 or oc		
	Detailed Summary Page	1 1 27	22 X 23 28b	24 25 26 28c 29 30b		
Any information could from such Decade and Obtain				<del></del>		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
NOVAMED, INC. POLITICAL ACTION CON	MITTEE					
/						
Full Name (Last, First, Middle Initial)						
A. Mike Crapo for U.S. Senate		[	Date of Disburseme	nr		
Mailing Address			4 30	2007		
P.O. Box 1948			les ritered business	lan adia-aritmadagasi		
•	itate Zip Code					
	ID 83701					
Purpose of Disbursement		The state of the s	Amount of Each Dis	bursement this Period		
Candidate Name			Autount of Edon Die	Acres de la Company de la Comp		
Michael D. Crapo		Category/ Type		1,000.00		
Office Sought: House Disbursen	ent For:					
(2)	Primary General	1				
President	Other (specify) ▼					
Full Name (Last, First, Middle Initial)		<del></del>				
8		}	Date of Disburseme	nt		
Diana DeGette for Congress Committee			W-1 / 1000	/ *******		
Mailing Address			5 24	2007		
P.O. Box 61337		<del></del>				
	tale Zip Code :O 80206	-				
Furpose of Disbursement						
			Amount of Each Dis	bursement this Period		
Candidate Name		Category/		500.00		
Diana DeGette Onice Sought:   x   House     Disbursem		Туре				
1/4	ent For:  Primary General					
1	Other (specify)					
State: CO District: 1	· · · · · · · · · · · · · · · · · · ·	}				
Full Name (Last, First, Middle Initial)				<del></del>		
<b>.</b>			Date of Disburseme	nt		
Radio - Addroso			المحرف السماما	· LABORAL I		
Mailing Address				السقسمين		
City S	ate Zip Code					
Purpose of Disbursement	[					
Candidate Name	السس	Amount of Each Disbursement this Period				
		Category/ Type				
Office Sought: House Disbursem	ent For:					
h=d	rimary General	Ì				
<b></b>	Other (specify)					
State: District:						
SUBTOTAL of Disbursements This Page (optional)		_		and the first of the second se		
SUBTOTAL OF DISDUISERIES THIS FAYE (OPTIONAL)						
TOTAL This Period (last page this line number only)				1,500.00		

(3/2005)

## **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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED