

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NOVAMED, INC. POLITICAL ACTION COMMITTEE

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	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(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	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

27039491455

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NOVAMED, INC. POLITICAL ACTION COMMITTEE

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).....

6,400.00

6,400.00

(ii) Unitemized.....

0.00

0.00

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

6,400.00

6,400.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

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

6,400.00

6,040.00

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

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

6,400.00

6,400.00

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

6,400.00

6,400.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	116.47	116.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	116.47	116.47
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	1,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(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) from Line 31)	1,616.47	1,616.47

DETAILED SUMMARY PAGE
of Disbursements

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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)	1,500.00	1,500.00
34 Total Contribution Refunds (from Line 28(d))	0.00	0.00
35 Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,500.00	1,500.00
36 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	116.47	116.47
37 Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38 Net Operating Expenditures (subtract Line 37 from Line 36)	116.47	116.47

27039491458

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1 OF 3	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
NOVAMED, INC. POLITICAL ACTION COMMITTEE

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

Mailing Address
6311 West 95th Street

City: Oak Lawn State: IL Zip Code: 60453

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

Name of Employer: NovaMed, Inc. Occupation: Physician-owner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date **100.00**

Date of Receipt: **02 / 15 / 2007**

Amount of Each Receipt this Period: **100.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kirk, Kent A.

Mailing Address
1335 Williams Street

City: River Forest State: IL Zip Code: 60305

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

Name of Employer: NovaMed, Inc. Occupation: Physician-owner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date **2,500.00**

Date of Receipt: **2 / 26 / 2007**

Amount of Each Receipt this Period: **2,500.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kirk, Scott H.

Mailing Address
835 Thatcher Avenue

City: River Forest State: IL Zip Code: 60305

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

Name of Employer: NovaMed, Inc. Occupation: Physician-owner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date **2,500.00**

Date of Receipt: **2 / 27 / 2007**

Amount of Each Receipt this Period: **2,500.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) **5,100.00**

TOTAL This Period (last page this line number only)

27039491459

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 3

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 11e 15
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NAME OF COMMITTEE (In Full)
NOVAMED, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cione, Dean A.

Mailing Address
4708 Alliance Boulevard, Suite 240

City State Zip Code
Plano TX 75093

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

Name of Employer Occupation
NovaMed, Inc. Physician-owner

Receipt For: Primary General
 Other (specify) Election Cycle-to-Date 100.00

Date of Receipt
MM / DD / YYYY
2 / 6 / 2007

Amount of Each Receipt this Period
100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Conahan, James B.

Mailing Address
267 West Sylvester Place

City State Zip Code
Highlands Ranch CO 80129

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

Name of Employer Occupation
NovaMed, Inc. Physician-owner

Receipt For: Primary General
 Other (specify) Election Cycle-to-Date 400.00

Date of Receipt
MM / DD / YYYY
5 / 30 / 2007

Amount of Each Receipt this Period
400.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Deschamps, Eldi E.

Mailing Address
8510 Broadway Street

City State Zip Code
Merrillville IN 46410

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

Name of Employer Occupation
NovaMed, Inc. Physician-owner

Receipt For: Primary General
 Other (specify) Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
3 / 28 / 2007

Amount of Each Receipt this Period
500.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

1,000.00

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

1,000.00

27039491460

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 3 OF 3		
	(check only one)	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
NOVAMED, INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Wolin, Lawrence D.

Mailing Address
2256 North Magnolia

City: Chicago State: IL Zip Code: 60614

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

Name of Employer: NovaMed, Inc. Occupation: Physician-owner

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date: 100.00

Date of Receipt: 3 / 31 / 2007

Amount of Each Receipt this Period: 100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
Pelton, Ronald W.

Mailing Address
455 East Pikes Peak Ave, Suite 309

City: Colorado Springs State: CO Zip Code: 80903

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

Name of Employer: NovaMed, Inc. Occupation: Physician-owner

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date: 100.00

Date of Receipt: 5 / 14 / 2007

Amount of Each Receipt this Period: 100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
Schreiber, Jon T.

Mailing Address
13275 South Hilcreek Road

City: Whitehouse State: TX Zip Code: 75791

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

Name of Employer: NovaMed, Inc. Occupation: Physician-owner

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date: 100.00

Date of Receipt: 5 / 21 / 2007

Amount of Each Receipt this Period: 100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶ 6,400.00

27039491461

**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 1

<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)
NOVAMED, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mike Crapo for U.S. Senate

Date of Disbursement

Mailing Address
P.O. Box 1948

MM	DD	YYYY
4	30	2007

City State Zip Code
Boise ID 83701

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

Candidate Name
Michael D. Crapo

Amount
1,000.00

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

State: ID District:

Full Name (Last, First, Middle Initial)

B. Diana DeGette for Congress Committee

Date of Disbursement

Mailing Address
P.O. Box 61337

MM	DD	YYYY
5	24	2007

City State Zip Code
Denver CO 80206

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

Candidate Name
Diana DeGette

Amount
500.00

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

State: CO District: 1

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM	DD	YYYY

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

Candidate Name

Amount

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

Amount

TOTAL This Period (last page this line number only)

Amount
1,500.00

27039491462

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.

Hand Delivered Date of Receipt
7/30/07

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

Jnp
 PREPARER

7/30/07
 DATE PREPARED

27039491463