

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)
AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCPAC)

A. Full Name (Last, First, Middle Initial)
Marvin Jones

Mailing Address 1401 Doctors Dr

City State Zip Code
West Plains MO 65775

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
West Plains ASC LLC CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
01 / 26 / 2011

Transaction ID: C1349361

Amount of Each Receipt this Period 275.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Robert Jones

Mailing Address 1401 Doctors Dr

City State Zip Code
West Plains MO 65775-4754

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
West Plains ASC LLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
01 / 26 / 2011

Transaction ID: C1349351

Amount of Each Receipt this Period 300.00

[MEMO ITEM]
*

C. Full Name (Last, First, Middle Initial)
Jeffrey Roylance

Mailing Address 1401 Doctors Dr

City State Zip Code
West Plains MO 65775

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
West Plains ASC LLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
01 / 26 / 2011

Transaction ID: C1349359

Amount of Each Receipt this Period 275.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only)