

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 600 S. Cliff Ave.
Suite 106
 Check if different than previously reported. (ACC)
Sioux Falls SD 57104-5355

2. **FEC IDENTIFICATION NUMBER** C00394163
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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 Douglas Johnson
Signature of Treasurer Electronically Filed by Douglas Johnson Date 07 31 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		13684.77
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	13684.77									
(c) Total Receipts (from Line 19)	57440.00	57440.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71124.77	71124.77								
7. Total Disbursements (from Line 31)	50110.55	50110.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21014.22	21014.22								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	51240.00	51240.00
(i) Itemized (use Schedule A)	1200.00	1200.00
(ii) Unitemized	52440.00	52440.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	52440.00	52440.00
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	5000.00	5000.00
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 Transfer (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))	57440.00	57440.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57440.00	57440.00

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
21. Operating Expenditures:		
(a) Shared 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.....	110.55	110.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	110.55	110.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	50110.55	50110.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	50110.55	50110.55

DETAILED SUMMARY PAGE
of Disbursements

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)	52440.00	52440.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52440.00	52440.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	110.55	110.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110.55	110.55

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Samir Abu-Ghazaleh

Mailing Address 8901 E. Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110

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

Name of Employer Occupation
Sioux Falls Surgical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: SA11A1.4701

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Carlos Acosta

Mailing Address 811 W I-20 Suite 132

City State Zip Code
Arlington TX 76017

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

Name of Employer Occupation
Arlington Neurosurgical Assoc Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2007

Transaction ID: SA11A1.4675

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Arlington Association of Neurological Surgeons, PA

Mailing Address 1001 N. Waldrop Drive #801

City State Zip Code
Arlington TX 76012

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.4670

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Scott Becker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 77 W. Wacker Dr., Suite 4100		Transaction ID: SA11A1.4699
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer McGuire Woods	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James Case		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 575 Sioux Point Road		Transaction ID: SA11A1.4691
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Ctr for Neuroscience Orthopaed	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Paula Formosa		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 561 Prairie Passage		Transaction ID: SA11A1.4677
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mark Fox		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 6401 E Quartzite Drive		Transaction ID: SA11A1.4714	
City State Zip Code Sioux Falls SD 57110	Amount of Each Receipt this Period 3500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Center	Occupation Neurosurgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) B. Tom Hall		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 409 Rivervalley Court		Transaction ID: SA11A1.4679	
City State Zip Code Arlington TX 76006	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Urology Associates of N. Texas	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Douglas Johnson		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007	
Mailing Address 600 S. Cliff Ave. Suite 106		Transaction ID: SA11A1.4689	
City State Zip Code Sioux Falls SD 57104-5355	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Surgical Mgmt. Professionals	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
J. Daniel Johnson, M.D., P.A.

Mailing Address 1300 West Terrell Avenue #405

City State Zip Code
Fort Worth TX 76104

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

Name of Employer Occupation
Urology Associates of N.T-exas Urologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2007

Transaction ID: SA11A1.4664

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Paul Johnson

Mailing Address 309 West Pinehurst Trail

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Midlands Clinic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2007

Transaction ID: SA11A1.4703

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert C. Johnson

Mailing Address 1200 S. Euclid

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Urology Associates Urologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2007

Transaction ID: SA11A1.4632

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. William Katzenmeyer		Date of Receipt MM / DD / YYYY 02 / 12 / 2007
Mailing Address 3964 S. Ramsey		Transaction ID: SA11A1.4650
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Baton Rouge Ear, Nose & Throat	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas Kenny		Date of Receipt MM / DD / YYYY 04 / 30 / 2007
Mailing Address 956 Pebble Beach Drive		Transaction ID: SA11A1.4693
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Iowa Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Peter Looby		Date of Receipt MM / DD / YYYY 05 / 23 / 2007
Mailing Address 5021 South Old Yankton Place		Transaction ID: SA11A1.4698
City Sioux Falls	State SD	Zip Code 57108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Orthopedic Institute	Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Marius Maxwell

Mailing Address 4141 5th Street

City State Zip Code
Rapid City SD 57701

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

Name of Employer Occupation
The Spine Center Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.4671

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
McIntodd Partners LP

Mailing Address 1335 Cecile Drive

City State Zip Code
Cedar Hill TX 75104

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.4668

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Douglas Neilson

Mailing Address 1000 West 4th Street

City State Zip Code
Yankton SD 57078

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

Name of Employer Occupation
Self-Employed Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: SA11A1.4709

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Thorir Ragnarsson

Mailing Address 1375 Fox Ridge Tr.

City State Zip Code
Sioux City IA 51104

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

Name of Employer
Ctr for Neuroscience Orth- & Sp
Occupation
Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2007

Transaction ID: SA11A1.4705

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard Ratino

Mailing Address 1583 Plum Creek Road

City State Zip Code
Sioux City IA 51103

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

Name of Employer
Siouxland Women's Health-care
Occupation
OB/GYN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2007

Transaction ID: SA11A1.4683

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ralph Reeder

Mailing Address 675 Arrowhead Court

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
Ctr. for Neurosciences & Orth.
Occupation
Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.4676

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Stuart Rice		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 2300 Skyline Ranch Road		Transaction ID: SA11A1.4672
City Rapid City	State SD	Zip Code 57701
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer The Spine Center	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. William Rizk		Date of Receipt MM / DD / YYYY 04 / 30 / 2007
Mailing Address 457 Firethorn Tr.		Transaction ID: SA11A1.4695
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 750.00
Name of Employer Midlands Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Jacob Rosenstein		Date of Receipt MM / DD / YYYY 03 / 12 / 2007
Mailing Address 800 W. Arbrook Boulevard No. 150		Transaction ID: SA11A1.4666
City Arlington	State TX	Zip Code 76015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer N. Tex. Neurosurgical Consult.	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mary Schneider		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 2233 Pueblo Court		Transaction ID: SA11A1.4686	
City State Zip Code Sioux City IA 51104	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Siouxland Women's Health-care	Occupation OB/GYN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Stephen Sessums		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 7763 Copperfield Court		Transaction ID: SA11A1.4653	
City State Zip Code Baton Rouge LA 70808	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Eye Center	Occupation Opthamologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Sioux Falls Surgical Center, L.L.P.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 910 E. 20th Street		Transaction ID: SA11A1.4634	
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 10000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 36
	<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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Anna Smither		Date of Receipt MM / DD / YYYY 02 / 12 / 2007
Mailing Address 2945 Tradition Avenue		Transaction ID: SA11A1.4656
City Baton Rouge	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Louisiana Urology	Occupation Urologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dean Spartz		Date of Receipt MM / DD / YYYY 04 / 04 / 2007
Mailing Address 1000 Jackson Street		Transaction ID: SA11A1.4681
City Sioux City	State IA	Zip Code 51105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Siouxland Women's Health-care	Occupation OB/GYN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Keith A. Vollstedt		Date of Receipt MM / DD / YYYY 04 / 04 / 2007
Mailing Address 4511 Grayhawk Ridge Drive		Transaction ID: SA11A1.4684
City Sioux City	State IA	Zip Code 51106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer General Surgery & Diagnostics	Occupation General Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 36
	<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	

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Kirke Wheeler

Mailing Address 5000 S. Sweetbriar Drive

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Surgical Associates Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2007

Transaction ID: SA11A1.4713

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mark E. Wheeler

Mailing Address 32788 K22

City State Zip Code
Sioux City IA 51108

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

Name of Employer Center for Neuroscience Occupation Neurosurgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 10 / 2007

Transaction ID: SA11A1.4688

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Carey Winder

Mailing Address 866 Woodgate Boulevard

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 27 / 2007

Transaction ID: SA11A1.4662

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 36
	(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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert Zimmerman

Mailing Address 915 Willow Circle

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer Occupation
Siouxland Anesthesiology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2007

Transaction ID: SA11A1.4697

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Timothy Zoellner

Mailing Address 305 Pennbrook Circle

City State Zip Code
Sioux Falls SD 57106

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

Name of Employer Occupation
Orthopedic Institute Orthopedics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
990.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2007

Transaction ID: SA11A1.4707

Amount of Each Receipt this Period
990.00

SUBTOTAL of Receipts This Page (optional)	▶	2490.00
TOTAL This Period (last page this line number only)	▶	51240.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 36
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P. O. BOX 746

City State Zip Code
Bakersfield CA 93302

FEC ID number of contributing federal political committee. **C** C00117721

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	7

Transaction ID: SA16.4710

Amount of Each Receipt this Period
5000.00

Refund of Contribution

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

**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)

PAGE 19 / 36

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ABERCROMBIE FOR CONGRESS		Transaction ID: SB23.4911 Date of Disbursement
Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City Honolulu	State HI	Zip Code 96814
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name NEIL ABERCROMBIE		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District: 01	

Full Name (Last, First, Middle Initial) B. BASS VICTORY COMMITTEE		Transaction ID: SB23.4867 Date of Disbursement
Mailing Address PO Box 3451		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Concord	State NH	Zip Code 03302
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period
Candidate Name CHARLES F. BASS		<input type="text" value="-2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 02	

Full Name (Last, First, Middle Initial) C. BEN CHANDLER FOR CONGRESS		Transaction ID: SB23.4886 Date of Disbursement
Mailing Address P. O. Box 12678		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City Lexington	State KY	Zip Code 40508
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name A.B. III CHANDLER		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 6	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 20 / 36

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BLUE DOG POLITICAL ACTION COMMITTEE		Transaction ID: SB23.4852 Date of Disbursement
Mailing Address 6849 Old Dominion Drive Suite 222		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) B. CARDOZA FOR CONGRESS		Transaction ID: SB23.4889 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name DENNIS CARDOZA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 18	Other	

Full Name (Last, First, Middle Initial) C. CATHY MCMORRIS FOR CONGRESS		Transaction ID: SB23.4868 Date of Disbursement
Mailing Address Box 137		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Spokane	State WA	Zip Code 99210
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period <input type="text" value="-2000.00"/>
Candidate Name CATHY ANN MCMORRIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 05	Other	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES BOUSTANY JR MD FOR CONGRESS INC		Transaction ID: SB23.4883 Date of Disbursement
Mailing Address Post Office Box 80126		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Lafayette	State LA	Zip Code 70598
Purpose of Disbursement Contribution	<input type="text" value=""/>	
Candidate Name CHARLES DR. JR. BOUSTANY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 07	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. CHARLIE DENT FOR CONGRESS		Transaction ID: SB23.4862 Date of Disbursement
Mailing Address PO Box 442		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Allentown	State PA	Zip Code 18105
Purpose of Disbursement Contribution	<input type="text" value=""/>	
Candidate Name CHARLES W DENT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 15	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. CITIZENS FOR HARKIN		Transaction ID: SB23.4888 Date of Disbursement
Mailing Address P O BOX 811		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City DES MOINES	State IA	Zip Code 50304
Purpose of Disbursement Contribution	<input type="text" value=""/>	
Candidate Name THOMAS RICHARD HARKIN	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 00	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. COBURN FOR SENATE 2010		Transaction ID: SB23.4858 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address POST OFFICE BOX 977		Amount of Each Disbursement this Period 5000.00
City MUSKOGEE State OK Zip Code 74402	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name THOMAS A COBURN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CONGRESSMAN JOE BARTON COMMITTEE, THE		Transaction ID: SB23.4884 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 1000.00
City Ennis State TX Zip Code 75120	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JOE LINUS BARTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DAVE CAMP FOR CONGRESS 2008		Transaction ID: SB23.4880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 5915 EASTMAN AVE. SUITE 100		Amount of Each Disbursement this Period 5000.00
City MIDLAND State MI Zip Code 48640	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name DAVID LEE CAMP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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)

PAGE 23 / 36

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.4857 Date of Disbursement
Mailing Address P.O. Box 9336		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Fargo	State ND	Zip Code 58106
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name EARL RALPH POMEROY		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 00	

Full Name (Last, First, Middle Initial) B. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.4861 Date of Disbursement
Mailing Address P.O. Box 9336		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Fargo	State ND	Zip Code 58106
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name EARL RALPH POMEROY		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 00	

Full Name (Last, First, Middle Initial) C. FREEDOM FUND		Transaction ID: SB23.4863 Date of Disbursement
Mailing Address 1155 21st Street NW Suite 300		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF BARBARA BOXER		Transaction ID: SB23.4885 Date of Disbursement
Mailing Address PO BOX 641751		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City LOS ANGELES	State CA	Zip Code 90064
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name BARBARA BOXER		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 00	

Full Name (Last, First, Middle Initial) B. FRIENDS OF CLAY SHAW		Transaction ID: SB23.4871 Date of Disbursement
Mailing Address P.O. Box 2188 2600 NE 14th. Street Causeway		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Fort Lauderdale	State FL	Zip Code 33303
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period <input type="text" value="-2000.00"/>
Candidate Name E CLAY JR SHAW		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 22	

Full Name (Last, First, Middle Initial) C. FRIENDS OF GORDON SMITH		Transaction ID: SB23.4906 Date of Disbursement
Mailing Address 228 S WASHINGTON STE 115		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name GORDON HAROLD SMITH		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF MAX BURNS		Transaction ID: SB23.4872 Date of Disbursement
Mailing Address P.O. Box 1965		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Sylvania	State GA	Zip Code 30467
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period <input type="text" value="-2000.00"/>
Candidate Name O MAXIE BURNS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 12	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MIKE FERGUSON		Transaction ID: SB23.4874 Date of Disbursement
Mailing Address c/o Ron Gravino P.O. Box 225		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period <input type="text" value="-2000.00"/>
Candidate Name MIKE FERGUSON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 07	

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIKE SODREL		Transaction ID: SB23.4873 Date of Disbursement
Mailing Address 702 North Shore Drive Suite 500		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period <input type="text" value="-2000.00"/>
Candidate Name MICHAEL E. SODREL		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 9	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="-6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GEOFF DAVIS FOR CONGRESS		Transaction ID: SB23.4870 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Erlanger	State KY	Zip Code 41018
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period
Candidate Name GEOFFREY C DAVIS		<input type="text" value="-2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 04	

Full Name (Last, First, Middle Initial) B. GINGREY FOR CONGRESS		Transaction ID: SB23.4881 Date of Disbursement
Mailing Address PO Box U		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City Marietta	State GA	Zip Code 30060
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name PHILLIP J. GINGREY		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 11	

Full Name (Last, First, Middle Initial) C. HEATHER WILSON FOR CONGRESS		Transaction ID: SB23.4875 Date of Disbursement
Mailing Address P.O. BOX 14070		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City ALBUQUERQUE	State NM	Zip Code 87191
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period
Candidate Name HEATHER A. WILSON		<input type="text" value="-2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="-3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 27 / 36

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HEATH SHULER FOR CONGRESS		Transaction ID: SB23.4882 Date of Disbursement																					
Mailing Address PO Box 8446		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	7														
City Asheville	State NC	Zip Code 28814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name JOSEPH H SHULER		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NC	District: 11																						

Full Name (Last, First, Middle Initial) B. HEATH SHULER FOR CONGRESS		Transaction ID: SB23.4892 Date of Disbursement																					
Mailing Address PO Box 8446		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	2		2	0	0	7														
City Asheville	State NC	Zip Code 28814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name JOSEPH H SHULER		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NC	District: 11																						

Full Name (Last, First, Middle Initial) C. HERSETH FOR CONGRESS		Transaction ID: SB23.4854 Date of Disbursement																					
Mailing Address PO Box 2009		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	2		2	0	0	7														
City Sioux Falls	State SD	Zip Code 57101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name STEPHANIE HERSETH		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SD	District: 01																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 28 / 36

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HERSETH FOR CONGRESS		Transaction ID: SB23.4912 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name STEPHANIE HERSETH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JIM COSTA FOR CONGRESS		Transaction ID: SB23.4855 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 2037 W Bullard Avenue # 355		Amount of Each Disbursement this Period 1000.00
City Fresno State CA Zip Code 93711	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JIM MR COSTA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JIM RAMSTAD VOLUNTEER COMMITTEE		Transaction ID: SB23.4859 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JIM RAMSTAD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JIM RAMSTAD VOLUNTEER COMMITTEE		Transaction ID: SB23.4900
Mailing Address 1809 Plymouth Road South #310		Date of Disbursement 06 / 13 / 2007
City Minnetonka	State MN	Zip Code 55305
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name JIM RAMSTAD	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 03		

Full Name (Last, First, Middle Initial) B. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.4851
Mailing Address 607 14th Street N.W. Suite 800		Date of Disbursement 01 / 05 / 2007
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name JOHN D MR. DINGELL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 15		

Full Name (Last, First, Middle Initial) C. JON PORTER FOR CONGRESS COMMITTEE		Transaction ID: SB23.4876
Mailing Address 1420 CYRESS CREEK RD STE 200-320		Date of Disbursement 03 / 15 / 2007
City CEDAR PARK	State TX	Zip Code 78613
Purpose of Disbursement Voided 11/3/2006 Contribution		Amount of Each Disbursement this Period -2000.00
Candidate Name JON PORTER	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 31		

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)

PAGE 30 / 36

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MAC COLLINS FOR CONGRESS		Transaction ID: SB23.4877	
Mailing Address P.O. Box 962		Date of Disbursement 03 / 15 / 2007	
City Jackson	State GA	Zip Code 30233	Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement Voided 11/3/2006 Contribution		Category/ Type	
Candidate Name MICHAEL ALLEN COLLINS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 08			

Full Name (Last, First, Middle Initial) B. MARION BERRY FOR CONGRESS		Transaction ID: SB23.4893	
Mailing Address P.O. BOX 8084		Date of Disbursement 05 / 08 / 2007	
City JONESBORO	State AR	Zip Code 72403	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name MARION BERRY			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 01			

Full Name (Last, First, Middle Initial) C. MATHESON FOR CONGRESS		Transaction ID: SB23.4896	
Mailing Address PO Box 521048 Suite A		Date of Disbursement 06 / 06 / 2007	
City Salt Lake City	State UT	Zip Code 84152	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name JAMES DAVID MATHESON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: UT District: 02			

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MCCONNELL SENATE COMMITTEE '08		Transaction ID: SB23.4864 Date of Disbursement																				
Mailing Address PO BOX 1496		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	0	7													
City LOUISVILLE	State KY	Zip Code 40201																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name MITCH MCCONNELL		<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: KY District: 00	Category/ Type																					

Full Name (Last, First, Middle Initial) B. MCCRERY FOR CONGRESS COMMITTEE		Transaction ID: SB23.4907 Date of Disbursement																				
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	1		2	0	0	7													
City Shreveport	State LA	Zip Code 71135																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name JAMES OTIS III MCCRERY		<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																			
3000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: LA District: 04	Category/ Type																					

Full Name (Last, First, Middle Initial) C. MELISSA BEAN FOR CONGRESS		Transaction ID: SB23.4903 Date of Disbursement																				
Mailing Address POST OFFICE BOX 3068		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	7													
City BARRINGTON	State IL	Zip Code 60010																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name MELISSA LUBURICH BEAN		<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																			
2500.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IL District: 08	Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>10500.00</td></tr></table>	10500.00
10500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MIKE ROSS FOR CONGRESS COMMITTEE		Transaction ID: SB23.4856 Date of Disbursement
Mailing Address PO Box 360		<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Prescott	State AR	Zip Code 71857
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name MICHAEL AVERY ROSS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) B. MIKE THOMPSON FOR CONGRESS		Transaction ID: SB23.4860 Date of Disbursement
Mailing Address 5429 Madison Avenue		<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name MIKE THOMPSON		<input type="text" value="1500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 01	

Full Name (Last, First, Middle Initial) C. MOORE FOR CONGRESS		Transaction ID: SB23.4866 Date of Disbursement
Mailing Address PO BOX 14631		<input type="text" value="03"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Shawnee Mission	State KS	Zip Code 66285
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name DENNIS MOORE		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS	District: 03	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS		Transaction ID: SB23.4865 Date of Disbursement
Mailing Address PO BOX 3176		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City LONG BRANCH	State NJ	Zip Code 07740
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>	
Candidate Name FRANK JR PALLONE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 06		

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Transaction ID: SB23.4917 Date of Disbursement
Mailing Address PO BOX 3176		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City LONG BRANCH	State NJ	Zip Code 07740
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>	
Candidate Name FRANK JR PALLONE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 06		

Full Name (Last, First, Middle Initial) C. PEOPLE WITH HART INC		Transaction ID: SB23.4878 Date of Disbursement
Mailing Address P.O. Box 435		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Wexford	State PA	Zip Code 15090
Purpose of Disbursement Voided 11/3/2006 Contribution	<input type="text" value="-2000.00"/>	
Candidate Name MELISSA A. HART	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 04		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PETE STARK RE-ELECTION COMMITTEE		Transaction ID: SB23.4891 Date of Disbursement
Mailing Address P.O. Box 8331		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Fremont	State CA	Zip Code 94537
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PETE STARK	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 13		

Full Name (Last, First, Middle Initial) B. RANGEL FOR CONGRESS		Transaction ID: SB23.4853 Date of Disbursement
Mailing Address PO Box 5577 MANHATTANVILLE STA		<input type="text" value="01"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name CHARLES B RANGEL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 15		

Full Name (Last, First, Middle Initial) C. RANGEL FOR CONGRESS		Transaction ID: SB23.4894 Date of Disbursement
Mailing Address PO Box 5577 MANHATTANVILLE STA		<input type="text" value="05"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name CHARLES B RANGEL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 15		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RANGEL FOR CONGRESS		Transaction ID: SB23.4895 Date of Disbursement
Mailing Address PO Box 5577 MANHATTANVILLE STA		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name CHARLES B RANGEL		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 15	

Full Name (Last, First, Middle Initial) B. SANFORD D. BISHOP JR. FOR CONGRESS		Transaction ID: SB23.4898 Date of Disbursement
Mailing Address P. O. Box 909		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Columbus	State GA	Zip Code 31902
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name SANFORD D JR. BISHOP		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 02	

Full Name (Last, First, Middle Initial) C. TEXANS FOR SENATOR JOHN CORNYN INC		Transaction ID: SB23.4897 Date of Disbursement
Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
City AUSTIN	State TX	Zip Code 78731
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name JOHN CORNYN		<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 36 / 36

<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

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 SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WALLY HERGER FOR CONGRESS COMMITTEE		Transaction ID: SB23.4916 Date of Disbursement																					
Mailing Address P.O. Box 1500		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	2		2	0	0	7														
City Chico	State CA	Zip Code 95927	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	2000.00																				
Candidate Name WALLY HERGER																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 2																						

Full Name (Last, First, Middle Initial) B. WALSH FOR CONGRESS COMMITTEE		Transaction ID: SB23.4879 Date of Disbursement																					
Mailing Address 306 WINKWORTH PARKWAY		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	7														
City SYRACUSE	State NY	Zip Code 13215	Amount of Each Disbursement this Period																				
Purpose of Disbursement Voided 11/3/2006 Contribution		Category/ Type	-2000.00																				
Candidate Name JAMES T WALSH																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 25																						

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	50000.00