

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

American College of Surgeons Professional Association PAC

ADDRESS (number and street)

1640 Wisconsin Ave NW

(Check if address is changed)

Washington

DC

20007

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

SMorse@facs.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.facs.org/acspa/

2. DATE

03 / 27 / 2009

3. FEC IDENTIFICATION NUMBER

C C00382424

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Christian Shalgian

Signature of Treasurer

Electronically Filed by Christian Shalgian

Date

03 / 27 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)