

**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 College of Surgeons Professional Association PAC

ADDRESS (number and street)

1640 Wisconsin Ave NW

Check if different than previously reported. (ACC)

Washington

DC

20007

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00382424

3. IS THIS REPORT

NEW (N) OR

X

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)

X 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 (12S)

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

2003

through

06

30

2003

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 Cynthia A. Brown

Signature of Treasurer Electronically Filed by Cynthia A. Brown

Date 02 25 2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American College of Surgeons Professional Association PAC

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		20035.06
(b) Cash on Hand at Beginning of Reporting Period .....	20035.06	
(c) Total Receipts (from Line 19) .....	110460.00	110460.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	130495.06	130495.06
<hr/>		
7. Total Disbursements (from Line 31) .....	73957.70	73957.70
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56537.36	56537.36
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003<sup>Y</sup> To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2003<sup>Y</sup>

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	71710.00	
(ii) Unitemized .....	38750.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	110460.00	110460.00
(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) .....	110460.00	110460.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	110460.00	110460.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	110460.00	110460.00

**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.....	2327.70	2327.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2327.70	2327.70
22. Transfers to Affiliated/Other Party Committees.....	14450.00	14450.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	54000.00
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.....	3180.00	3180.00
(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))..... ▶	3180.00	3180.00
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 ActMty (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))..	73957.70	73957.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	73957.70	73957.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	110460.00	110460.00
34. Total Contribution Refunds (from Line 28(d)) .....	3180.00	3180.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	107280.00	107280.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2327.70	2327.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2327.70	2327.70

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

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

FOR LINE NUMBER: PAGE 6 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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 College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Herbert D Adams</b>		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address PD Box 4792		Transaction ID: 0073
City Evansville	State IN	Zip Code 47724-0792
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Maria Alb</b>		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 751 S Bascom Avenue		Transaction ID: 0124
City San Jose	State CA	Zip Code 95128-2604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Drs. Rosenberg and Lambroschi LTD</b>		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address DBA Plastic Surgery Center 350 S 8th Street		Transaction ID: D404
City Dundee	State IL	Zip Code 60118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Drs. Rosenberg and Lambroschi LTD	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> 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 7/82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Clinic for Colon and Rectal Surgery</b>		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 115 Manning Drive Suite D101		Transaction ID: 0181
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Clinic for Colon and Rectal Surgery	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Surgical Associates SVH</b>		Date of Receipt M / D / Y 01 / 08 / 2003
Mailing Address 333 Fairview		Transaction ID: 0476
City Silverton	State OR	Zip Code 97381
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Surgical Associates SVH	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. H. Randolph Bailey</b>		Date of Receipt M / D / Y 04 / 17 / 2003
Mailing Address 6550 Fannin Street Smith Tower Suite 2307		Transaction ID: D110
City Houston	State TX	Zip Code 77030-2717
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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 8 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Joseph B Baratta</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 1115 Clifton Avenue		Transaction ID: 0638
City Clifton	State NJ	Zip Code 07013-3641
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Carlos A Barba</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 114 Woodland Street St. Francis Hospital and Medical C		Transaction ID: 0055
City Hartford	State CT	Zip Code 06105-1208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer Saint Francis Hospital	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Nicholas J Bara</b>		Date of Receipt M / D / Y 02 / 12 / 2003
Mailing Address 1080 N Church Street		Transaction ID: 0223
City Hazleton	State PA	Zip Code 16202-1444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>775.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 82

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Barbara L Bass</b>		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 10 N Greene Street Surgical Care Center 112, Baltimore		Transaction ID: 0172
City Baltimore	State MD	Zip Code 21201-1524
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Maryland: School of Medi	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joseph C Battista</b>		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 307D N 51st Street Suite 207		Transaction ID: 0225
City Milwaukee	State WI	Zip Code 53210-1645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David L Berger</b>		Date of Receipt M / D / Y 01 / 08 / 2003
Mailing Address 15 Parkman Street Acc 465		Transaction ID: D510
City Boston	State MA	Zip Code 02114-5117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mass General Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Michael D Bernstein</b>		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 350 Henry Street		Transaction ID: 0242
City Brooklyn	State NY	Zip Code 11201-6001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Steven R Beyersdorf</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 910 W 5th Avenue Suite 550		Transaction ID: 0393
City Spokane	State WA	Zip Code 99204-2966
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Robert J Biber</b>		Date of Receipt M / D / Y 02 / 01 / 2003
Mailing Address 19001 E 48th St. S Midwest Urology Center		Transaction ID: 0246
City Independence	State MO	Zip Code 64055-6564
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Midwest Urology Center	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 82

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Kenneth J Boyd</b>		Date of Receipt M / D / Y 01 / 07 / 2003	
Mailing Address 108B W Baltimore Pike Suite 2101 Riddle Health Care Center li		Transaction ID: 0524	
City State Zip Code Media PA 19063-5136	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Riddle Health Care Center	Occupation Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. L. D Britt</b>		Date of Receipt M / D / Y 01 / 13 / 2003	
Mailing Address 825 Fairfax Avenue Suite 610 Eastern Virginia Medical School; D		Transaction ID: 0434	
City State Zip Code Norfolk VA 23507-1914	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Virginia Medical School	Occupation Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>C. Samuel E Britt</b>		Date of Receipt M / D / Y 01 / 23 / 2003	
Mailing Address 3001 N Elm Street		Transaction ID: 0310	
City State Zip Code Lumberton NC 28358-2584	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lumberton Surgical CLinic	Occupation Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Dennistoun K Brown</b>		Date of Receipt M / D / Y 01 / 02 / 2003
Mailing Address PD Box 35100		Transaction ID: 0668
City Billings	State MT	Zip Code 59107-5100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Deaconess Billings Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alan M Buchele</b>		Date of Receipt M / D / Y 04 / 07 / 2003
Mailing Address 2817 McClelland Boulevard Suite 258		Transaction ID: 0119
City Joplin	State MO	Zip Code 64804-1629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael J Bukstein</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 1101 Country Club Drive		Transaction ID: D158
City Hannibal	State MO	Zip Code 63401-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Hannibal Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 13 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Michael D Butler</b>		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 316 W 23rd Street		Transaction ID: 0334
City Erie	State PA	Zip Code 16502-2620
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey W Bynett</b>		Date of Receipt M / D / Y 02 / 01 / 2003
Mailing Address 1041 Kirkpatrick Road Suite 150		Transaction ID: 0248
City Burlington	State NC	Zip Code 27215-9714
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John L Cameron</b>		Date of Receipt M / D / Y 04 / 07 / 2003
Mailing Address 600 N Wolfe St.; Blalock 6B5 Johns Hopkins Hospital		Transaction ID: D121
City Baltimore	State MD	Zip Code 21287-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Johns Hopkins Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 14 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Deborah Campbell</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 88 River Ridge Road		Transaction ID: 0082
City Little Rock	State AR	Zip Code 72227-1526
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Self Employed	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Lyda E Carroll</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 864 Stoneleigh Avenue Suite 204		Transaction ID: 0464
City Carmel	State NY	Zip Code 10512-3940
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Edward H Charles</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 5757 W Thunderbird Road Suite E285		Transaction ID: D680
City Glendale	State AZ	Zip Code 85308-4841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 15 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Saqib S Chaudhry</b>		Date of Receipt M / D / Y Y Y Y 04 / 07 / 2003
Mailing Address 2001 Marcus Avenue Suite S50		Transaction ID: 0120
City New Hyde Park	State NY	Zip Code 11042-1011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sidney G Christiansen</b>		Date of Receipt M / D / Y Y Y Y 01 / 07 / 2003
Mailing Address 5301 Faraon Street Suite 160 Faraon Street Medical Building		Transaction ID: 0562
City Saint Joseph	State MO	Zip Code 64506-3829
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. R.I. Colorectal Clinic, INC., P.C.</b>		Date of Receipt M / D / Y Y Y Y 01 / 04 / 2003
Mailing Address One Randall Square Suite 4D1-4D3		Transaction ID: D640
City North Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer R.I. Colorectal Clinic; INC.; P.C.	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 16 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Richard A. Close</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 801 Spruce Street		Transaction ID: 0076
City West Reading	State PA	Zip Code 19611-1443
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joseph B. Cofer</b>		Date of Receipt M / D / Y 01 / 18 / 2003
Mailing Address 979 E 3rd Street Suite 400		Transaction ID: 0376
City Chattanooga	State TN	Zip Code 37403-2136
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stacey E. Copeland</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 9 Courtney Drive		Transaction ID: D450
City Charleston	State WV	Zip Code 25304-2699
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1500.00</b>
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 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Greper Cosmetic Surgery</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 2801 Randolph Rd Suite 100		Transaction ID: 0593
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Greper Cosmetic Surgery	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Martin L Dalton</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 777 Hemlock Street # 140 Medical Center of Central Georgia		Transaction ID: 0160
City Macon	State GA	Zip Code 31201-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Medical Center of Central Georgia	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. John T Davidson</b>		Date of Receipt M / D / Y 05 / 16 / 2003
Mailing Address 281 Witherspoon Street Suite 120		Transaction ID: 0098
City Princeton	State NJ	Zip Code 08540-5210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 18 / 82

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Robert P Derhagopian</b>		Date of Receipt M / D / Y 03 / 31 / 2003	
Mailing Address 7000 Southwest 62nd Avenue Penthouse B		Transaction ID: 0138	
City State Zip Code Miami FL 33143-4716	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Robert Derhagopian: MD: PA	Occupation Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Frank C Deterback</b>		Date of Receipt M / D / Y 01 / 14 / 2003	
Mailing Address Univ of North Carolina School of M Cb-7D65 108 Burnett-Womack Buildin		Transaction ID: 0424	
City State Zip Code Chapel Hill NC 27599-7065	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNC School of Medicine	Occupation Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Robert M Dbox</b>		Date of Receipt M / D / Y 02 / 01 / 2003	
Mailing Address PO Box 16		Transaction ID: D255	
City State Zip Code Usaf Academy CO 80840-0018	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US Air Force	Occupation Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 10 / 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. William V Dahn</b>		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 7222 N 15th Place		Transaction ID: 0045
City Phoenix	State AZ	Zip Code 85020-5144
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William Dasher</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 2001 Marcus Avenue Suite S50		Transaction ID: 0597
City New Hyde Park	State NY	Zip Code 11042-1011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Geoffrey P Dunn</b>		Date of Receipt M / D / Y 04 / 03 / 2003
Mailing Address 2050 S Shore Drive		Transaction ID: D128
City Erie	State PA	Zip Code 16505-2248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 20 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Margaret M Dunn</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address PD Box B27 Wright State Univ School of Medici		Transaction ID: 0088
City Dayton	State OH	Zip Code 45401-0827
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Wright State University School of Medi	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. North Cascade ENT&amp;F Plastic Surgery</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 111 South 13th Street		Transaction ID: 0348
City Mount Vernon	State WA	Zip Code 98274
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer North Cascade Ear, Nose, and Throat an	Occupation	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Newport Eye Center</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address		Transaction ID: 0387
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Newport Eye Center	Occupation	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
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 21 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Urological Faculty Associates, PC</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address 19 Bradhurst Avenue Suite 1800		Transaction ID: 0474
City Hawthorne	State NY	Zip Code 10532
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1320.00
Name of Employer Urological Faculty Associates, PC	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

Full Name (Last, First, Middle Initial) <b>B. Hsu K Fang</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 850B N 25th Way		Transaction ID: 0061
City Phoenix	State AZ	Zip Code 85016-8934
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Phoenix Cardiac Surgery P.C.	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Richard J Fantus</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 836 W Wellington Avenue Advocate III Masonic Medical Center		Transaction ID: D174
City Chicago	State IL	Zip Code 60657-5147
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Masonic Medical Center	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2320.00</b>
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 22 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. John Fides</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 204D W Charleston Boulevard Univ of Nevada School of Medicine;		Transaction ID: 0154
City Las Vegas	State NV	Zip Code 89102-2227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Nevada School of Medicine	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael G Florence</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 1221 Madison Street Arnold Pavilion Suite 1411		Transaction ID: 0155
City Seattle	State WA	Zip Code 98104-3588
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paul S Fox</b>		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 1111 Delafield Street Suite 208		Transaction ID: 0280
City Waukesha	State WI	Zip Code 53188-3417
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 23 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Daniel J Frey</b>		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 3535 Bienville Street Suite 225-E		Transaction ID: 0331
City New Orleans	State LA	Zip Code 70119-5253
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary      General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Hugh A Gamble</b>		Date of Receipt M / D / Y 04 / 18 / 2003
Mailing Address PO Box 1277		Transaction ID: 0109
City Greenville	State MS	Zip Code 38702-1277
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Delta Regional Medical Center Receipt For: Primary      General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy J Gardner</b>		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 3400 Spruce Street Hospital University of Pa; 4 Silve		Transaction ID: 0083
City Philadelphia	State PA	Zip Code 19104-4208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Pennsylvania Receipt For: Primary      General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 24 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. William P Geis</b>		Date of Receipt M / D / Y 01 / 31 / 2003	
Mailing Address 7 Darby Court		Transaction ID: 0262	
City Annandale	State NJ	Zip Code 08801-3347	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Vascular &amp; General Surgery Ass PA</b>		Date of Receipt M / D / Y 01 / 21 / 2003	
Mailing Address 191 North Union Ave. P.O. Box 311130		Transaction ID: 0349	
City New Braunfels	State TX	Zip Code 78131	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vascular and General Surg- ery Associate Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. John C Geman</b>		Date of Receipt M / D / Y 01 / 04 / 2003	
Mailing Address 1120 W La Veta Avenue Suite 100		Transaction ID: D578	
City Orange	State CA	Zip Code 92868-4231	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 25 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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 College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) A. John R Gregory		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 2825 8th Avenue N Billings Clinic Box 35100		Transaction ID: 0601
City Billings	State MT	Zip Code 59101-0809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Billings Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cardiovascular Group INC PS		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 1600 Jefferson Street NO 110		Transaction ID: 0328
City Seattle	State WA	Zip Code 98122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Cardiovascular Group INC. PS	Occupation	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steven K Hamer		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 401 N 9th Street Box 5538		Transaction ID: D137
City Bismarck	State ND	Zip Code 58501-4507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
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 26 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Dennis P Han</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 99 E 88th Avenue Suite A		Transaction ID: 0602
City Merrillville	State IN	Zip Code 46410-6381
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jay K Harness</b>		Date of Receipt M / D / Y 01 / 03 / 2003
Mailing Address 114D W La Veta Avenue Suite 480		Transaction ID: 0667
City Orange	State CA	Zip Code 92668-4225
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Saint Joseph Hospital Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lynn H Harrison</b>		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 1542 Tulane Avenue Lsu Health Science Center; Departm		Transaction ID: D112
City New Orleans	State LA	Zip Code 70112-2885
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Louisiana State University Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 27 / 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Sara L. Harrison</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 1208 W 4th Street Suite 2		Transaction ID: 0619
City Gillette	State WY	Zip Code 82716-3300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer High Plains Surgical Associates; PC	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Sara L. Harrison</b>		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 1208 W 4th Street Suite 2		Transaction ID: 0044
City Gillette	State WY	Zip Code 82716-3300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer High Plains Surgical Associates; PC	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Robert G. Helm</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address 224 S Woods Mill Road Suite 610 South		Transaction ID: D488
City Chesterfield	State MO	Zip Code 63017-3451
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 28 / 82  
(check only one)  
 11a     11b     11c     12  
           13       14       15       16       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 College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Scott J Hillmann</b>		Date of Receipt M / D / Y 02 / 13 / 2003
Mailing Address 19838 N 27th Avenue Suite 204		Transaction ID: 0222
City Phoenix	State AZ	Zip Code 85027-4013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Thomas R Hoberock</b>		Date of Receipt M / D / Y 02 / 18 / 2003
Mailing Address 101 Skaggs Road Skaggs Medical Plaza Suite 403		Transaction ID: 0205
City Branson	State MO	Zip Code 65616-2075
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Thomas R Hoberock</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 101 Skaggs Road Skaggs Medical Plaza Suite 403		Transaction ID: 0090
City Branson	State MO	Zip Code 65616-2075
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary          General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1450.00</b>
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 28 / 82  
(check only one)  
 11a     11b     11c     12  
           13       14       15       16       17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Paul S Hogg</b>		Date of Receipt M / D / Y 01 / 25 / 2003
Mailing Address 1535 Wild Duck Crossing		Transaction ID: 0292
City Chesapeake	State VA	Zip Code 23321-1243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Vendia H Hooks</b>		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 134B Walton Way Suite 8500		Transaction ID: 0297
City Augusta	State GA	Zip Code 30901-5104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Russell M Howerton</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address Medical Center Boulevard Wake Forest University School of M		Transaction ID: D488
City Winston-Salem	State NC	Zip Code 27157
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wake Forest University School of Medicine	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary          General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
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 30 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Israel J Jacobovitz</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address 9921 4th Avenue #4-I		Transaction ID: 0527
City Brooklyn	State NY	Zip Code 11209-8347
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael T Jaklitzsch</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 75 Francis Street Brigham and Women's Hospital; Divi		Transaction ID: 0062
City Boston	State MA	Zip Code 02115-6110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Brigham and Woman's Hospital Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Randeep S Kahlon</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 4745 Stanton Dgletown Road Suite 2 First State Orthopaedics		Transaction ID: 0059
City Newark	State DE	Zip Code 19713-1340
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
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 31 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mansel K. Kevitch</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 340 Birchwood Avenue		Transaction ID: 0389
City	State	Zip Code
Bellingham	WA	98225-1782
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼
	Surgeon	
Receipt For: Primary      General Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) <b>B. Betty S. Kierstead</b>		Date of Receipt M / D / Y 01 / 08 / 2003
Mailing Address 1371 N 10th Avenue		Transaction ID: 0481
City	State	Zip Code
Stayton	OR	97383-2037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼
	Surgeon	
Receipt For: Primary      General Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>C. Robert O. Kimball</b>		Date of Receipt M / D / Y 02 / 13 / 2003
Mailing Address 189B3 US Route 11		Transaction ID: 0215
City	State	Zip Code
Watertown	NY	13601-5320
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Aggregate Year-to-Date ▼
	Surgeon	
Receipt For: Primary      General Other (specify) ▼	250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 32 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. John A King</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 9528 Northeast 2nd Avenue Suite 103		Transaction ID: 0138
City Miami Shores	State FL	Zip Code 33138-2750
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Jon A King; MD; PC	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Debra G Koivunen</b>		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 1 Hospital Drive University Hospital Dc 075.00; Dep		Transaction ID: 0058
City Columbia	State MO	Zip Code 65201-5276
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer University of Missouri	Occupation Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John D Kozarski</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address 3800 Capital Avenue Southwest Suite 103		Transaction ID: D551
City Battle Creek	State MI	Zip Code 49015-9393
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Family Surgical; PC	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1050.00</b>
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 33 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Marvin E Kuehner</b>		Date of Receipt M / D / Y 01 / 06 / 2003
Mailing Address Marshfield Clinic Department of Surgery		Transaction ID: 0568
City Marshfield	State WI	Zip Code 54449
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Marshfield Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Yash P Lakra</b>		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 1255 N Oakland Boulevard Suite 204		Transaction ID: 0412
City Waterford	State MI	Zip Code 48327-1582
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Eugene R Lareau</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 3320 Emmaus Road		Transaction ID: 0077
City Harrisonburg	State VA	Zip Code 22801-2685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 34 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Edmund I Leff</b>		Date of Receipt M / D / Y 04 / 23 / 2003
Mailing Address 3501 N Scottsdale Road Suite 222		Transaction ID: 0104
City Scottsdale	State AZ	Zip Code 85251-5648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Lassala D Leffell</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 2041 Georgia Avenue Northwest Suit Howard University Hospital; Tower		Transaction ID: 0084
City Washington	State DC	Zip Code 20060-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Howard University Hospital	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michel F Levesque</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 887D Wilshire Boulevard Suite 2D1		Transaction ID: D341
City Beverly Hills	State CA	Zip Code 90211-2524
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 35 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Charles E Lucas</b>		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 4201 Saint Antoine Street		Transaction ID: 0167
City State Zip Code Detroit MI 48201-2153	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard T MacDowell</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 38 Windsor Court		Transaction ID: 0080
City State Zip Code Delmar NY 12054-4304	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Richard T. MacDowell: MD; PC	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Robert G Mackerle</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 1001 Potrero Avenue Department of Surgery Ward 34		Transaction ID: D134
City State Zip Code San Francisco CA 94110-3518	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of California; San Francisca	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
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 36 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. James A Madura</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address 9525 Copley Drive		Transaction ID: 0485
City Indianapolis	State IN	Zip Code 46260-1422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Matthew B Martin</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 1002 N Church Street Suite 302		Transaction ID: 0085
City Greensboro	State NC	Zip Code 27401-1439
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 255.00
Name of Employer Central Carolina Surgery	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. George E McGee</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 105 Asbury Circle		Transaction ID: 0083
City Hattiesburg	State MS	Zip Code 39402-1302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1005.00</b>
<b>TOTAL</b> 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 37 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Alan P McMahon</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address 101 Professional Center Drive		Transaction ID: 0557
City Eastman	State GA	Zip Code 31023
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mercy Medical Center</b>		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 301 Saint Paul Place		Transaction ID: 0272
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Montefiore Medical Center</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 111 East 210th Street		Transaction ID: D199
City Bronx	State NY	Zip Code 10467
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 440.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>940.00</b>
<b>TOTAL</b> 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 38 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Minnesota Medical Foundation</b>		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 200 Oak Street SE Suite 300		Transaction ID: 0114
City Minneapolis	State MN	Zip Code 55455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Minnesota Medical Founda- tion	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Jefferson City Medical Grp, Surg Splts.</b>		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 124D W Stadium 2016		Transaction ID: 0327
City Jefferson City	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Jefferson City Medical Gr- oup, Surgical	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Deborah M Meesig</b>		Date of Receipt M / D / Y 01 / 06 / 2003
Mailing Address 3025 Scioto Place		Transaction ID: D589
City Columbus	State OH	Zip Code 43221-4755
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 38 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Walter H Merrill</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 231 Albert B Sabin Way Box 670558 Univ of Cincinnati Med Center Depa		Transaction ID: 0603
City Cincinnati	State OH	Zip Code 45267-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Cincinnati	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Douglas J Milfeld</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 818 N Emporia Street Suite 200		Transaction ID: 0099
City Wichita	State KS	Zip Code 67214-3729
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David A Miller</b>		Date of Receipt M / D / Y 02 / 01 / 2003
Mailing Address 326B Hospital Drive Suite C		Transaction ID: 0253
City Juneau	State AK	Zip Code 99801-7800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 40 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Charles W Monday</b>		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address PD Box 1920		Transaction ID: 0191
City Huntsville	State TX	Zip Code 77342-1820
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard P Moser</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 810 Biesterfield Road Suite 403		Transaction ID: 0054
City Elk Grove Village	State IL	Zip Code 60007-7312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Surgical Neurology Associates	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert R Moss</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address 525 E Plaza Drive Suite 204		Transaction ID: D473
City Santa Maria	State CA	Zip Code 93454-6553
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
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 41 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. James E Moyer</b>		Date of Receipt M / D / Y 01 / 26 / 2003
Mailing Address 300 Plaza Court Suite B Route 447 Office Plaza		Transaction ID: 0268
City East Stroudsburg	State PA	Zip Code 18301-8260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James E Moyer</b>		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 300 Plaza Court Suite B Route 447 Office Plaza		Transaction ID: 0263
City East Stroudsburg	State PA	Zip Code 18301-8260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joseph W Muleary</b>		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 120 Charles D Rollins Road Suite 1D1		Transaction ID: D123
City Henderson	State NC	Zip Code 27534-2882
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> 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 42 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Joseph A Newman</b>		Date of Receipt M / D / Y 01 / 08 / 2003	
Mailing Address 2817 McClelland Boulevard Suite 256		Transaction ID: 0514	
City Joplin	State MO	Zip Code 64804-1629	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: Primary      General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. W. Christian Oakley</b>		Date of Receipt M / D / Y 01 / 07 / 2003	
Mailing Address 333 N 1st Street Suite 120		Transaction ID: 0553	
City Boise	State ID	Zip Code 83702-6100	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: Primary      General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Robert W Obleth</b>		Date of Receipt M / D / Y 01 / 04 / 2003	
Mailing Address 18500 Ventura Boulevard Suite 380		Transaction ID: D612	
City Encino	State CA	Zip Code 91438-2011	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: Primary      General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1250.00**

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 43 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) A. John J O'Brien		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 7855 38th Avenue, North		Transaction ID: 0604
City Saint Petersburg	State FL	Zip Code 33707
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Vascular Institute of Georgia		Date of Receipt M / D / Y 03 / 06 / 2003
Mailing Address 5669 Peachtree Dunwoody Road Suite 100		Transaction ID: 0189
City Atlanta	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Vascular Institute of Georgia Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. CVT Surgeons of Mid-Michigan		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 840 East Mt Hope Avenue Suite 203		Transaction ID: 0328
City Lansing	State MI	Zip Code 48501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CVT Surgeons of Mid-Michigan Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 44 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. J. Patrick O'Leary</b>		Date of Receipt M / D / Y 02 / 18 / 2003
Mailing Address 533 Bolivar Street Room 306 Interim Dean, Louisiana State Univ		Transaction ID: 0208
City New Orleans	State LA	Zip Code 70112-1349
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Louisiana State University	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mark B Oringer</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 1500 E Medical Center Drive Room 2 Taubman Health Care Center Box 034		Transaction ID: 0144
City Ann Arbor	State MI	Zip Code 48106-0889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Taubman Health Care Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steven W Owicki</b>		Date of Receipt M / D / Y 02 / 01 / 2003
Mailing Address 55 Whitcher Street Northeast Suite 220		Transaction ID: 0258
City Marietta	State GA	Zip Code 30060-1155
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 45 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mehmet C Oz</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 177 Fort Washington Avenue		Transaction ID: 0592
City New York	State NY	Zip Code 10032-3713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Sentinel Health Partners PA</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address P.O. Box 428		Transaction ID: 0550
City Camden	State SD	Zip Code 29020
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sentinel Health Partners PA Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher K Payne</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address 300 Pasteur Drive Department of Urology; Room S-287		Transaction ID: 0558
City Palo Alto	State CA	Zip Code 94304-2204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Stanford University Hospital Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 46 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. William A Peper</b>		Date of Receipt M / D / Y 01 / 24 / 2003
Mailing Address 405 Londonderry Drive Suite 200		Transaction ID: 0302
City Waco	State TX	Zip Code 76712-7824
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Peter D Perl</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 826 E Summit Street Suite F		Transaction ID: 0598
City Mexico	State MO	Zip Code 65265-3238
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher G Peters</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 52 Silver Mountain Lane		Transaction ID: D157
City Durango	State CO	Zip Code 81301-6528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
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 47 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Tardien A Pham</b>		Date of Receipt M / D / Y 01 / 23 / 2003
Mailing Address 703 Roseanne Dr. Suite A Thor/Vasc Associates of Kinston Pa		Transaction ID: 0305
City Kinston	State NC	Zip Code 28504-1551
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Thoracic Associates of Kinston, PA	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edward Philips</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 8635 W. 3rd Street Suite 7B5-W		Transaction ID: 0150
City Los Angeles	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Edward Philips MD	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. K. Barry Platnick</b>		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 640 Flormann Street		Transaction ID: 0080
City Rapid City	State SD	Zip Code 57701-4679
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MABH	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 48 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Christopher P Pajc</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 219 Bryant Street Childrens Hospital of Buffalo, Dep		Transaction ID: 0644
City Buffalo	State NY	Zip Code 14222-2006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Children's Hospital of Buffalo	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael R Probstfeld</b>		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 233D N Rosemont Boulevard Suite A		Transaction ID: 0324
City Tucson	State AZ	Zip Code 85712-2163
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John D Pustka</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address 550 Peachtree Street Northeast Suite 7700		Transaction ID: D485
City Atlanta	State GA	Zip Code 30308-2209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Emory Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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 48 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mohan K Rao</b>		Date of Receipt M / D / Y 02 / 02 / 2003
Mailing Address Clinic Drive Trover Clinic		Transaction ID: 0244
City Madisonville	State KY	Zip Code 42431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Trover Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ross B Reagan</b>		Date of Receipt M / D / Y 02 / 01 / 2003
Mailing Address 8600 Fish Pond Road Suite 101		Transaction ID: 0250
City Waco	State TX	Zip Code 76710-2581
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Plastic and Reconstructive Surgery Assoc.</b>		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 900 Welch Road Suite 110		Transaction ID: 0273
City Palo Alto	State CA	Zip Code 94304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Plastic and Reconstructive Surgery Assoc	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
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 60 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. John J Ricotta</b>		Date of Receipt M / D / Y 01 / 08 / 2003
Mailing Address University Hospital Hsc T-19 Room 020		Transaction ID: 0508
City Stony Brook	State NY	Zip Code 11794-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer University Hospital of Stony Brook	Occupation Surgeon	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Karan M Rieger</b>		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 545 Barnhill Drive Suite Eh215		Transaction ID: 0056
City Indianapolis	State IN	Zip Code 46202-5112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer IUMC	Occupation Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alexander Roffstein</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address PO Box 8900 Aurora Bay Care Medical Center		Transaction ID: D497
City Green Bay	State WI	Zip Code 54308-8500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Aurora Bay Care Medical Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3050.00</b>
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 51 / 82  
(check only one)  
 11a     11b     11c     12  
           13        14        15        16        17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Hamilton E Russell</b>		Date of Receipt M / D / Y 04 / 03 / 2003
Mailing Address 10 Memorial Medical Drive		Transaction ID: 0128
City Greenville	State SC	Zip Code 29605-4450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Richard R Sebo</b>		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 2336 Trailcrest Drive		Transaction ID: 0122
City Bozeman	State MT	Zip Code 59718-7558
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. William O Samuelson</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address 2800 Pierce Street Suite 101		Transaction ID: D552
City Sioux City	State IA	Zip Code 51104-5755
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 52 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mark T Savarise</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 502 N 2nd Avenue Selkirk General Surgery		Transaction ID: 0368
City Selkirk	State NY	Zip Code 12158
Sandpoint ID	83864-1558	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Selkirk General Surgery	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Russell W Sawyer</b>		Date of Receipt M / D / Y 01 / 08 / 2003
Mailing Address 2708 W Cuthbert Avenue Suite C		Transaction ID: 0515
City Midland	State TX	Zip Code 79701-3887
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David A Schwed</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 1301 Trumansburg Rd. Suite E Surgical Associates of Ithaca Pc		Transaction ID: D621
City Ithaca	State NY	Zip Code 14850-1397
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Surgical Associates of Ithaca, PC	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
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 53 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Fay E Seppala</b>		Date of Receipt M / D / Y 02 / 13 / 2003
Mailing Address 312 M 55 W		Transaction ID: 0218
City Tawas City	State MI	Zip Code 48763-9253
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Thomas M Shapiro</b>		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 850 Lincoln Avenue San Jose Medical Group		Transaction ID: 0406
City San Jose	State CA	Zip Code 95128-3704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer San Jose Medical Group	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lynn H Shin</b>		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 444B Richard Drive		Transaction ID: 0278
City Los Angeles	State CA	Zip Code 90032-1228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 54 / 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Martin E Silverstein</b>		Date of Receipt M / D / Y 01 / 06 / 2003
Mailing Address 7041 N Corrida De Venada		Transaction ID: 0573
City Tucson	State AZ	Zip Code 85718-1148
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>440.00</b>
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ <b>440.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John A Singer</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 800 Caton Avenue		Transaction ID: 0590
City Baltimore	State MD	Zip Code 21228-5201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey J Smith</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 3813 Northwest 56th Street Suite 140		Transaction ID: D481
City Oklahoma City	State OK	Zip Code 73112-4528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1190.00</b>
<b>TOTAL</b> 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 55 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Alexander Sotiropoulos</b>		Date of Receipt M / D / Y 01 / 18 / 2003
Mailing Address 955 Park Avenue		Transaction ID: 0378
City New York	State NY	Zip Code 10028-0321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 440.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sarah A. Stackpole</b>		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 333 E 68th Street		Transaction ID: 0336
City New York	State NY	Zip Code 10021-5633
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bryon J. Stephens</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address 7900 W Jefferson Boulevard Suite 3D4		Transaction ID: D504
City Fort Wayne	State IN	Zip Code 46804-4128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1190.00</b>
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 66 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. William C Stemfeld</b>		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address 4235 Secor Road Toledo Clinic Inc		Transaction ID: 0081
City Toledo	State OH	Zip Code 43623-4231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Toledo Clinic, Inc	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William M Sugermann</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 515 Church Street Suite 1		Transaction ID: 0651
City Bound Brook	State NJ	Zip Code 08805-1743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Surgical Associates of Central NJ	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Hand and Plastic Surgery Associates</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 1200 South York Road Suite 3200		Transaction ID: D650
City Elmhurst	State IL	Zip Code 60120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Hand and Plastic Surgery Associates	Occupation	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 57 / 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Alexandria Surgery</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 3311 Prescott Road Suite 301		Transaction ID: 0265
City	State	Zip Code
Alex	LA	71301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Alexandria Surgery	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Cardiovascular Surgery of North Alabama</b>		Date of Receipt M / D / Y 01 / 14 / 2003
Mailing Address 541 W College Street Suite 3200		Transaction ID: 0419
City	State	Zip Code
Florence	AL	35630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Surgery of North Alabama	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. South Georgia Surgical Associates, PC</b>		Date of Receipt M / D / Y 01 / 24 / 2003
Mailing Address 100 Mimosa Drive P.O. Box 520		Transaction ID: 0298
City	State	Zip Code
Thomasville	GA	31792
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer South Georgia Surgical Associates, PC	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 58 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Downstate Surgical Billing, Inc</b>		Date of Receipt M / D / Y 01 / 23 / 2003
Mailing Address 450 Clarkson Avenue Box 40		Transaction ID: 0309
City Brooklyn	State NY	Zip Code 11203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Downstate Surgical Billing, Inc	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Winchester Surgical Clinic</b>		Date of Receipt M / D / Y 01 / 26 / 2003
Mailing Address 20 South Stewart Street P.O. Box 2688		Transaction ID: 0283
City Winchester	State VA	Zip Code 22601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Winchester Surgical Clinic	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Swee L Tan</b>		Date of Receipt M / D / Y 02 / 13 / 2003
Mailing Address 44 Birch Street Suite 3D1		Transaction ID: 0221
City Derry	State NH	Zip Code 03038-2752
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
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 58 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Richard C Thirby</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 1100 9th Avenue # 800 Mason Clinic; Department of Surger		Transaction ID: 0344
City Seattle	State WA	Zip Code 98101-2756
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Mason Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Carrie A Thoms</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 322 W 30th Street		Transaction ID: 0455
City Cheyenne	State WY	Zip Code 82001-2507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Erik B Throop</b>		Date of Receipt M / D / Y 01 / 22 / 2003
Mailing Address 520 Mary Street Suite 520		Transaction ID: 0321
City Evansville	State IN	Zip Code 47710-1677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Evansville Surgical Assoc- iates	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ..... ► **1000.00**

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 60 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Gary L Timmerman</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1201 S Euclid Avenue Suite 104 Surgical Associates		Transaction ID: 0064
City Sioux Falls	State SD	Zip Code 57105-0432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Surgical Associates	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James M Tschirhart</b>		Date of Receipt M / D / Y 01 / 17 / 2003
Mailing Address 1320 N Michigan Avenue Building 1		Transaction ID: 0384
City Saginaw	State MI	Zip Code 48602-4751
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lake Success Urological Associates</b>		Date of Receipt M / D / Y 01 / 04 / 2003
Mailing Address 1300 Union TPKE		Transaction ID: D633
City New Hyde Park	State NY	Zip Code 11040
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lake Success Urological Associates	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 61 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Chattanooga Urology Associates</b>		Date of Receipt M / D / Y 01 / 18 / 2003
Mailing Address Memorial Medical Building East 725 Glenwood Drive Suite 780		Transaction ID: 0373
City	State	
Chattanooga	TN	Zip Code 37404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Chattanooga Urology Associates PC	Occupation	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General		
Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. North Delta Urology Center, PA</b>		Date of Receipt M / D / Y 01 / 23 / 2003
Mailing Address 785 Ohio Avenue Suite 3-H		Transaction ID: 0308
City	State	
Clarksdale	MS	Zip Code 38614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer North Delta Urology Center, PA	Occupation	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General		
Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles W Van Way</b>		Date of Receipt M / D / Y 01 / 18 / 2003
Mailing Address 2301 Holmes Street Department of Surgery		Transaction ID: 0375
City	State	
Kansas City	MO	Zip Code 64108-2640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Hospital Hill Health Services Corp	Occupation Surgeon	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General		
Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 62 / 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Josef J Vanek</b>		Date of Receipt M / D / Y 01 / 09 / 2003
Mailing Address 205 Easy Street Suite 202		Transaction ID: 0469
City Uniontown	State PA	Zip Code 15401-3128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Keith A Volkstedt</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 812 North Sue Point Road Suite 400		Transaction ID: 0449
City Dakota Dunes	State SD	Zip Code 57049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles R Voss</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 1008 W Cherry Street Suite A		Transaction ID: D446
City Marion	State IL	Zip Code 62559-1568
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 63 / 82

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Forrest P Wall</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 940 Margaret Place Suite 300		Transaction ID: 0343
City Shreveport	State LA	Zip Code 71101-4345
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edward Z Wehworth</b>		Date of Receipt M / D / Y 01 / 08 / 2003
Mailing Address 710 Main Street		Transaction ID: 0495
City Lewiston	State ME	Zip Code 04240-5801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Maurice J Webb</b>		Date of Receipt M / D / Y 01 / 23 / 2003
Mailing Address 200 1st Street Southwest Mayo Clinic; Division of Gynecolog		Transaction ID: 0317
City Rochester	State MN	Zip Code 55505-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 64 / 82

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Leonard J Weireter</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 825 Fairfax Avenue Eastern Virginia Medical School; D		Transaction ID: 0088
City Norfolk	State VA	Zip Code 23507-1814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Virginia Medical School	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Paul R Weiss</b>		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 1049 6th Avenue Suite 2-D		Transaction ID: 0226
City New York	State NY	Zip Code 10028-0115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michala Whitwara</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 10222 Tarpley Court		Transaction ID: D129
City Ellicott City	State MD	Zip Code 21042-1681
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 65 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Michael D Yates</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 303 Williams Avenue Southwest Suite 1421		Transaction ID: 0368
City Huntsville	State AL	Zip Code 35801-6012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 540.00
Name of Employer Michael Yates, MD.; PC	Occupation Surgeon	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charles F Yeagle</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 836 Prudential Drive Suite 1107		Transaction ID: 0163
City Jacksonville	State FL	Zip Code 32207-8334
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David J Zaleske</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address 111 Michigan Avenue Northwest Children's National Medical Center		Transaction ID: D559
City Washington	State DC	Zip Code 20010-2578
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Children's National Medical Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1290.00</b>
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 66 / 82  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) A. Douglas R Zisman		Date of Receipt M / D / Y 01 / 10 / 2003	
Mailing Address 447 Old Newport Boulevard Suite 200		Transaction ID: 0442	
City Newport Beach	State CA	Zip Code 92663-4257	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	71710.00

**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 67 / 82

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
**A. American Express**

Mailing Address PO BOX 53582

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Fee to use AE as a contribution source

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: V049  
Date of Disbursement  
03 / 04 / 2003

Amount of Each Disbursement this Period  
35.85

Full Name (Last, First, Middle Initial)  
**B. American Express**

Mailing Address PO BOX 53582

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Fee to use AE as a contribution source

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: V037  
Date of Disbursement  
04 / 04 / 2003

Amount of Each Disbursement this Period  
51.15

Full Name (Last, First, Middle Initial)  
**C. American Express**

Mailing Address PO BOX 53582

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Fee to use AE as a contribution source

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: V032  
Date of Disbursement  
05 / 05 / 2003

Amount of Each Disbursement this Period  
27.90

**SUBTOTAL** of Disbursements This Page (optional) ▶ **114.70**

**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 68 / 82

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
**A. American Express**

Mailing Address PO BOX 53582

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Fee to use AE as a contribution source

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: V016  
Date of Disbursement  
06 / 04 / 2003

Amount of Each Disbursement this Period  
8.10

Full Name (Last, First, Middle Initial)  
**B. Erin LaFlair**

Mailing Address 1640 Wisconsin Ave; NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Reimbursement for airline ticket to atle

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: V043  
Date of Disbursement  
03 / 25 / 2003

Amount of Each Disbursement this Period  
750.00

Full Name (Last, First, Middle Initial)  
**C. Metropolitan Washington Chapter**

Mailing Address 1640 Wisconsin Ave; NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Fee to exhibit the PAC at the DC Chapte

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: V055  
Date of Disbursement  
02 / 10 / 2003

Amount of Each Disbursement this Period  
500.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **1253.10**

**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 69 / 82

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Paymentech</b>		Transaction ID: V056 Date of Disbursement 02 / 04 / 2003	
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 365.51	
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Fee to use MC and Visa as a contribution	Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District		

Full Name (Last, First, Middle Initial) <b>B. Paymentech</b>		Transaction ID: V056 Date of Disbursement 03 / 04 / 2003	
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 29.95	
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Fee to use MC and Visa as a contribution	Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District		

Full Name (Last, First, Middle Initial) <b>C. Paymentech</b>		Transaction ID: V038 Date of Disbursement 04 / 03 / 2003	
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 39.43	
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Fee to use MC and Visa as a contribution	Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **434.89**

**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 70 / 82

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) <b>A. Paymentech</b>		Transaction ID: V033 Date of Disbursement 05 / 05 / 2003	
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 36.20	
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Fee to use MC and Visa as a contribution	Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District		

Full Name (Last, First, Middle Initial) <b>B. Paymentech</b>		Transaction ID: V019 Date of Disbursement 06 / 03 / 2003	
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 25.95	
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Fee to use MC and Visa as a contribution	Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District		

Full Name (Last, First, Middle Initial) <b>C. The Northern Trust Company</b>		Transaction ID: V059 Date of Disbursement 01 / 28 / 2003	
Mailing Address 350 N Orleans Street		Amount of Each Disbursement this Period 262.56	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Fee to obtain a lock box to have contrib	Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify) ▼	
Office Sought: House Senate President	State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>324.71</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2127.40</b>

**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 71 / 82

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. American College of Surgeons Professional Assoc

Mailing Address 1640 Wisconsin Ave, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Transfer of Non-federal funds from feder

Candidate Name

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

State: District

Category/  
Type

Transaction ID: V021  
Date of Disbursement

05 / 23 / 2003

Amount of Each Disbursement this Period

100.00

Transfer from Federal account to non-federal account  
Donald Reed Jr., MD, PC,  
\$100 5/23/2003

Full Name (Last, First, Middle Initial)  
B. American College of Surgeons Professional Assoc

Mailing Address 1640 Wisconsin Ave, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Transfer of Non-federal funds from the f

Candidate Name

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

State: District

Category/  
Type

Transaction ID: V029  
Date of Disbursement

05 / 08 / 2003

Amount of Each Disbursement this Period

14250.00

Transfer from Federal account to non-federal account  
Donald Reed Jr., MD,  
PC, \$100 8/30/2002

Full Name (Last, First, Middle Initial)  
C. American College of Surgeons Professional Assoc

Mailing Address 1640 Wisconsin Ave, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Transfer from Federal account of Non-fed

Candidate Name

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

State: District

Category/  
Type

Transaction ID: V011  
Date of Disbursement

06 / 30 / 2003

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

14450.00

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

14450.00

**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 72 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. America's Foundation FKA Fight - PAC

Mailing Address 1155 21st Street Northwest  
Suite 300  
City Washington State DC Zip Code 20036

Purpose of Disbursement  
2003 Contribution

Candidate Name

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

Category/  
Type

Transaction ID: D47  
Date of Disbursement

03 / 19 / 2003

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)  
B. Bill Thomas Campaign Committee

Mailing Address PO Box 395  
City Bakersfield State CA Zip Code 93302

Purpose of Disbursement  
2004 Primary

Candidate Name  
Thomas William

Office Sought:  House Senate President  
State: CA District 22  
Disbursement For: 2004  
 Primary General Other (specify) ▼

Category/  
Type

Transaction ID: D35  
Date of Disbursement

04 / 21 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)  
C. Billy Tauzin Congressional Committee, the

Mailing Address PO Box 2268  
City Houma State LA Zip Code 70361

Purpose of Disbursement  
2004 Primary

Candidate Name  
Tauzin W.

Office Sought:  House Senate President  
State: LA District 03  
Disbursement For: 2004  
 Primary General Other (specify) ▼

Category/  
Type

Transaction ID: D34  
Date of Disbursement

04 / 29 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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 73 / 82

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. David Scott for Congress

Mailing Address 162 Hurt Street Northeast

City Atlanta State GA Zip Code 30307

Purpose of Disbursement  
2004 Primary

Candidate Name  
Scott David

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

State: GA District: 13

Transaction ID: D18  
Date of Disbursement

06 / 04 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Donald A. Manzullo for Congress

Mailing Address PO Box 7783  
PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement  
2004 Primary

Candidate Name  
Manzullo Donald

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

State: IL District: 16

Transaction ID: D17  
Date of Disbursement

06 / 04 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Friends of Blanche Lincoln

Mailing Address PO Box 3187  
PO Box 118

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
2004 Primary

Candidate Name  
Lincoln Blanche

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

State: AR District: 00

Transaction ID: 027  
Date of Disbursement

05 / 15 / 2003

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 74 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. Friends of Dave Weldon

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement  
2004 Primary

Candidate Name  
Weldon Dave

Office Sought:  House  
Senate  
President  
State: FL District 15

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D41  
Date of Disbursement

03 / 27 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Friends of Dennis Cardoza

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2004 Primary

Candidate Name  
Cardoza Dennis

Office Sought:  House  
Senate  
President  
State: CA District 15

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D28  
Date of Disbursement

05 / 14 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Friends of Don Sherwood

Mailing Address B1 Warren Street

City Tunkhannock State PA Zip Code 18657

Purpose of Disbursement  
2004 Primary

Candidate Name  
Sherwood Don

Office Sought:  House  
Senate  
President  
State: PA District 10

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D15  
Date of Disbursement

06 / 12 / 2003

Amount of Each Disbursement this Period

1000.00

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)

PAGE 75 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. Friends of Jennifer Dunn

Mailing Address PO Box 40110

City Bellevue State WA Zip Code 98015

Purpose of Disbursement  
2004 Primary

Candidate Name  
Dunn Jennifer

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: WA District: D8

Category/  
Type

Transaction ID: D52  
Date of Disbursement

02 / 27 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. Friends of Mark Foley

Mailing Address 1316 Lake Victoria Drive  
1316 Lake Victoria Drive

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement  
2004 Primary

Candidate Name  
Foley Mark

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: FL District: 16

Category/  
Type

Transaction ID: D54  
Date of Disbursement

02 / 12 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Friends of Roy Blunt

Mailing Address PO Box 50100  
PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement  
2004 Primary

Candidate Name  
Blunt Roy

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: MO District: 07

Category/  
Type

Transaction ID: D13  
Date of Disbursement

06 / 21 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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 76 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Gingrey for Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
2004 Primary

Candidate Name  
Gingrey John

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  Primary  General  
Other (specify) ▼

State: GA District: 11

Transaction ID: D31  
Date of Disbursement

05 / 07 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
2004 Primary

Candidate Name  
Grassley Charles

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  Primary  General  
Other (specify) ▼

State: IA District: 00

Transaction ID: D20  
Date of Disbursement

06 / 09 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. James Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310  
1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement  
2004 Primary

Candidate Name  
Ramstad Jim

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  Primary  General  
Other (specify) ▼

State: MN District: 03

Transaction ID: D24  
Date of Disbursement

05 / 21 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 77 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. John Breaux Committee

Mailing Address Post Office Box 4042

City Baton Rouge State LA Zip Code 70821

Purpose of Disbursement  
2004 Primary

Candidate Name  
Breaux John

Category/  
Type

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President  
 Other (specify) ▼

State: LA District: D0

Transaction ID: D40  
Date of Disbursement  
03 / 27 / 2003

Amount of Each Disbursement this Period  
2000.00

Full Name (Last, First, Middle Initial)  
B. John Shadeggs Friends

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement  
2004 Primary

Candidate Name  
Shadegg John

Category/  
Type

Office Sought:  House Disbursement For: 2004  
 Senate X Primary General  
 President  
 Other (specify) ▼

State: AZ District: D3

Transaction ID: D12  
Date of Disbursement  
06 / 26 / 2003

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
C. Judd Gregg Committee

Mailing Address PO Box 1812

City Concord State NH Zip Code 03302

Purpose of Disbursement  
2004 Primary

Candidate Name  
Gregg Judd

Category/  
Type

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President  
 Other (specify) ▼

State: NH District: D0

Transaction ID: D25  
Date of Disbursement  
05 / 20 / 2003

Amount of Each Disbursement this Period  
5000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **8000.00**

**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 78 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. Kay Granger Campaign Fund

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement  
2004 Primary

Candidate Name  
Granger Kay

Office Sought:  House  Senate  President  
State: TX District: 12

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: D38  
Date of Disbursement  
04 / 07 / 2003

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
B. Keep Our Majority PAC

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement  
2003 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District

Disbursement For:  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: D30  
Date of Disbursement  
05 / 08 / 2003

Amount of Each Disbursement this Period  
5000.00

Full Name (Last, First, Middle Initial)  
C. La Colline

Mailing Address 400 North Capital Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
In-Kind Contribution

Candidate Name  
Murtha John

Office Sought:  House  Senate  President  
State: PA District: 12

Disbursement For: 004"  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: V023  
Date of Disbursement  
05 / 22 / 2003

Amount of Each Disbursement this Period  
238.00

In-Kind

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **6238.00**

**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 79 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

**A.** Matheson for Congress

Mailing Address 677 South 200 West  
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
2004 Primary

Candidate Name  
Matheson Jim

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

State: UT District: D2

Transaction ID: D28

Date of Disbursement

05 / 15 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** May for Congress

Mailing Address PO Box 1678

City Lubbock State TX Zip Code 79408

Purpose of Disbursement  
TX-19 Special Election

Candidate Name  
May Donald

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

State: TX District: 19

Transaction ID: D42

Date of Disbursement

03 / 26 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name  
Burgess Michael

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

State: TX District: 26

Transaction ID: D44

Date of Disbursement

03 / 24 / 2003

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶

**2500.00**

**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 80 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
A. Murtha for Congress Committee

Mailing Address Suite 220 551 Main Street  
Et Financial Plaza Suite 22D  
City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
2004 Primary

Candidate Name  
Murtha John

Office Sought:  House  
Senate  
President  
State: PA District: 12

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D22  
Date of Disbursement

05 / 22 / 2003

Amount of Each Disbursement this Period

2262.00

Full Name (Last, First, Middle Initial)  
B. National Republican Congressional Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2003 Contribution

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D48  
Date of Disbursement

03 / 10 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement  
2004 Primary

Candidate Name  
Stark Pete

Office Sought:  House  
Senate  
President  
State: CA District: 13

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D39  
Date of Disbursement

04 / 01 / 2003

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5262.00

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 81 / 82

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)  
**A. Ryan for Congress**

Mailing Address PO Box 1919  
PO Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
2004 Primary

Candidate Name  
Ryan Paul

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: WI District: D1

Transaction ID: D14  
Date of Disbursement  
06 / 19 / 2003

Amount of Each Disbursement this Period  
1500.00

Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Simpson for Congress**

Mailing Address 131 North Oak

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
2004 Primary

Candidate Name  
Simpson Michael

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: ID District: D2

Transaction ID: 55088-5988803873197  
Date of Disbursement  
02 / 26 / 2003

Amount of Each Disbursement this Period  
2000.00

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....	▶	3500.00
TOTAL This Period (last page this line number only) .....	▶	54000.00

Disbursement to American College of Surgeons Professional Association May 8, 2003 \$14,250 Transfer from Federal account to non-federal account 12/30/02 Fort Lauderdale Virtual Plastic Surgery \$50 1/4/03 Hand and Plastic Surgery Associates \$500 1/4/03 RI Colorectal Clinic, INC, PC \$250 1/4/03 Lake Success Urological Associates \$250 1/4/03 Graper Cosmetic Surgery \$250 1/4/03 Chicago Otology Group, LLC \$100 1/4/03 Colon and Rectal Surgical Associates, PLLC \$100 1/4/03 Long Island Neurosurgical Associates, PC \$50 1/7/03 Sentinel Health Partners \$250 1/7/03 Hygeia Medical Group, PA \$100 1/9/03 Silverton Surgical LLC \$250 1/9/03 SVH Surgical Associates \$250 1/8/03 South Orange County Surgical Medical Group, INC \$50 1/10/03 Modesto Heart Surgery \$100 1/10/03 NJ Endovascular Therapeutics PC \$100 1/10/03 Atlantic Medical, PLLC \$100 1/10/03 Upstate Surgical Group, PC \$100 1/13/03 Aesthetic and Reconstructive Plastic Surgery Medical Associates, INC \$50 1/13/03 Akstein Eye Center, PC \$50 1/14/03 Urologic Health Center of New Jersey, PC \$50 1/14/03 Cardiovascular Surgery of North Alabama \$250 1/15/03 South County Urological, INC \$100 1/15/03 Drs. Rosenberg and Lambruschi, LTD \$250 1/15/03 Huntingburg Surgery Clinic \$100 1/16/03 Western Surgical Group \$100 1/16/03 Newport Eye Center \$500 1/17/03 Valley Vascular Associates \$50 1/18/03 Portland Plastic Surgery, PC \$50 1/18/03 Chattanooga Urology Associates, PC \$500 1/21/03 Vascular and General Surgery Associates PA \$250 1/21/03 Manhattan Neurosurgical Associates, PC \$50 1/21/03 North Cascade ENT and Facial Plastic Surgery \$300 1/22/03 Northern Colorado Surgical Associates \$50 1/22/03 Cardiovascular Group, INC, PS \$1000 1/22/03 Jefferson City Medical Group, Surgical Specialists \$250 1/22/03 Gannett Surgical Associates \$50 1/22/03 CVT Surgeons of Mid Michigan \$250 1/23/03 Downstate Surgical Billing, INC \$1000 1/23/03 North Delta Urology Center, PA \$250 1/24/03 Surgical Medical Care of Long Island \$100 1/24/03 South Georgia Surgical Associates, PC \$250 1/24/03 Eye Associates of West Jefferson \$50 1/24/03 Northeast Georgia Surgical Associates, PC \$100 1/26/03 Winchester Surgical Clinic \$750 1/28/03 Plastic and Reconstructive Surgery Associates, PC \$250 1/28/03 Northeast Georgia Surgical Associates, PC \$100 1/28/03 Mercy Medical Center \$250 1/28/03 Plastic Surgery Specialists \$100 1/30/03 Alexandria Surgery \$250 1/31/03 Thoracic and Cardiovascular Associates of Tuscaloosa, PC \$100 2/1/03 Rochester Urology, PC \$50 2/13/03 Steven Weber, MD, LTD \$100 2/13/03 Heritage Medical Group \$50 2/20/03 Centro Urologico \$100 3/8/03 Vascular Institute of Georgia \$500 3/11/03 Clinic for Colon and Rectal Surgery \$500 3/11/03 Vascular Surgery Associates of North Florida, PA \$100 3/19/03 Seguin Surgical Services \$100 3/24/03 Lloyd and Boocaccio, MD, PA \$200 3/25/03 Ralph Campanale, II, MD, PA \$50 3/28/03 Jon A. King, MD, PC \$500 3/28/03 William Fulkert, MD, LLC \$50 3/31/03 Robert Derhagopian, MD, PA \$250 4/11/03 Minnesota Medical Foundation \$1000 4/21/03 Scott Snyder, MD, INC \$50 Total- \$14,250