

**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)
 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) A. Mehmet C Oz		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. C		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. Sentinel Health Partners PA		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. C		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) C. Christopher K Payne		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. C		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	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	