

# 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) 20 F St NW, Ste 1000  
Attn: Sara Morse  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00382424  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 01 01 2007 through 01 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Christian Shalgian

Signature of Treasurer Electronically Filed by Christian Shalgian Date 05 03 2011

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. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	X	Y	Y	Y	2	0	0	7		15126.89
X	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	15126.89									
(c) Total Receipts (from Line 19) .....	47516.00	47516.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62642.89	62642.89								
7. Total Disbursements (from Line 31) .....	9016.99	9016.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53625.90	53625.90								
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**

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From:    To:

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) .....	34115.00	34115.00
(ii) Unitemized .....	13401.00	13401.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	47516.00	47516.00
(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) .....	47516.00	47516.00
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)) .....	47516.00	47516.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47516.00	47516.00

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.....	16.99	16.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16.99	16.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9000.00	9000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9016.99	9016.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9016.99	9016.99

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) .....	47516.00	47516.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47516.00	47516.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16.99	16.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16.99	16.99

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Domingo T. Alvear

Mailing Address 2600 N 3rd Street

City Harrisburg State PA Zip Code 17110

FEC ID number of contributing federal political committee. C

Name of Employer Pinnacle Health System Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2007  
**Transaction ID:** 38154-81861513853073

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard H. Bell, Jr.

Mailing Address American Board of Surgery  
1617 John F. Kennedy Boulevard, #8

City Philadelphia State PA Zip Code 19103-1841

FEC ID number of contributing federal political committee. C

Name of Employer American Board of Surgery Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 12 / 2007  
**Transaction ID:** 38154-75326174497605

Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
Terry Marshall Bingham

Mailing Address 748 Caney Creek Rd

City Harriman State TN Zip Code 37748-8561

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2007  
**Transaction ID:** 14240-15436953306198

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
John J. Borkowski

Mailing Address 85 Church Street

City State Zip Code  
Middletown CT 06457

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

Name of Employer Self Employed Occupation  
Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2007

**Transaction ID:** 10846-21761721372604

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Karen R. Borman

Mailing Address Ummc-Department of Surgery  
2500 North State Street

City State Zip Code  
Jackson MS 39216-4500

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

Name of Employer Self Employed Occupation  
Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-74398440122605

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Brand

Mailing Address 8704 Marshall Cir

City State Zip Code  
Frederick MD 21702-2324

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

Name of Employer Self Employed Occupation  
Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-96357363462449

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
George Scott Brehm

Mailing Address Suite 123  
2817 McClelland Boulevard

City State Zip Code  
Joplin MO 64804-1629

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

Name of Employer Self Employed      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

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

**Transaction ID:** 14240-09215945005416  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Rebecca Lanan Brown

Mailing Address 3333 Burnet Avenue, Children  
Mlc 2023

City State Zip Code  
Cincinnati OH 45229-3039

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

Name of Employer Cincinnati Children's Hos-  
pital      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

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

**Transaction ID:** 38154-14422243833542  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
L. Michael Brunt

Mailing Address 660 S Euclid Avenue, Washington Un  
Campus Box 8109

City State Zip Code  
St. Louis MO 63110

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

Name of Employer Washington University Sch-  
ool of Medici      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	7

**Transaction ID:** 10846-38944643735886  
 Amount of Each Receipt this Period  
 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Steven N. Burger

Mailing Address 1874 Pelham Parkway South

City State Zip Code  
Bronx NY 10461

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

Name of Employer Self Employed Occupation  
Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-00190371274948

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Brenda Marie Cacucci

Mailing Address 13430 North Meridian Street  
Suite 275

City State Zip Code  
Carmel IN 46032

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

Name of Employer Self Employed Occupation  
Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-10152834653854

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Salvatore F. Casano

Mailing Address Suite 201  
333 E Virginia Avenue

City State Zip Code  
Phoenix AZ 85004-1206

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

Name of Employer Self Employed Occupation  
Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-20335024595260

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Robert D. Comperatore

Mailing Address Suite 215  
7150 W 20th Avenue

City State Zip Code  
Hialeah FL 33016-5529

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

Name of Employer Occupation  
Self Employed Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

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

**Transaction ID:** 38154-22282046079635  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Bard C. Cosman

Mailing Address 8708 Nottingham Pl

City State Zip Code  
La Jolla CA 92037-2128

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

Name of Employer Occupation  
U.S. Department of Veterans Affairs Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  

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

**Transaction ID:** 14240-57670229673386  
 Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
Dale Patrick Denning

Mailing Address 346 Maine

City State Zip Code  
Lawrence KS 66044

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

Name of Employer Occupation  
General Surgery PA Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

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

**Transaction ID:** 14240-66122072935105  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
William Vincent Joseph Dolan  
 Mailing Address 7222 North 15th Place  
 City State Zip Code  
 Phoenix AZ 85020  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7  
**Transaction ID:** 10846-22816103696823  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VA Medical Center Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Patrick Doody  
 Mailing Address 2 Fletcher Road  
 City State Zip Code  
 Lynnfield MA 01940-2224  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 1 2 / 2 0 0 7  
**Transaction ID:** 38154-19190615415573  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Massachusetts General Hos- Surgeon  
 pital  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Steve Eubanks  
 Mailing Address 1 Hospital Drive, University of Mi  
 Room Mc504  
 City State Zip Code  
 Columbia MO 65212-0001  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 2 2 / 2 0 0 7  
**Transaction ID:** 14240-08973330259323  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Missouri - Surgeon  
 Columbia  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
James Folpmers Evans  
Mailing Address 6 Rosewood Court  
City Danville State PA Zip Code 17821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Geissenger Health System Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 19 / 2007  
Transaction ID: 10846-47126406431198  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Madeleine Quail Ewing  
Mailing Address 2101 Locust Street  
City Philadelphia State PA Zip Code 19103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 19 / 2007  
Transaction ID: 10846-52140444517136  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert E. Falcone  
Mailing Address 150 East Lafayette Street  
City Columbus State OH Zip Code 43215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-05860537290573  
Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Steven Fisher

Mailing Address 75 Headland Drive

City Rancho Palos Verde State CA Zip Code 90275-5117

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2007  
Transaction ID: 10846-89419192075730  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Louis Fox

Mailing Address C-865  
7777 Forest Lane

City Dallas State TX Zip Code 75230-2505

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-49050539731979  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Paul S. Fox

Mailing Address W229 4340 Milky Way

City Waukesha State WI Zip Code 53189

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-73896425962448  
Amount of Each Receipt this Period 750.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel J. Frey

Mailing Address 309 Asbury Road

City State Zip Code  
Lafayette LA 70503

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-12995547056198

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
William Robert Friese, Jr.

Mailing Address Suite 265  
5757 West Thunderbird Road

City State Zip Code  
Glendale AZ 85306-4641

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

Name of Employer William Friese, Jr., PC Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-08146303892135

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert D. Fry

Mailing Address 4 Silverstein Building, University  
Department of Surgery

City State Zip Code  
Philadelphia PA 19104

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

Name of Employer University of Pennsylvania Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-74042910337448

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Todd Jeffrey Garvin

Mailing Address 2512 Wheaton Way

City State Zip Code  
Bremerton WA 98310

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

Name of Employer The Doctor's Clinic      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      365.00

Date of Receipt  

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

**Transaction ID:** 38154-92788332700730  
 Amount of Each Receipt this Period  
 365.00

**B.** Full Name (Last, First, Middle Initial)  
Evan R. Geller

Mailing Address Suite 201  
625 Belle Terre Road

City State Zip Code  
Port Jefferson NY 11777-2316

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

Name of Employer N. Suffolk Surgical Associates      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

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

**Transaction ID:** 38154-01227968931198  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Allen Geller

Mailing Address 1344 Andenes Drive

City State Zip Code  
Glendale CA 91208-1909

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

Name of Employer Self Employed      Occupation Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

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

**Transaction ID:** 38154-83831423521042  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 36  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Edwin Shewman Gerrish

Mailing Address Brown Clinic  
506 1st Avenue Southeast

City State Zip Code  
Watertown SD 57201-4402

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

Name of Employer Occupation  
Brown Clinic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2007

**Transaction ID:** 10846-51067751646042

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Louis Goodman

Mailing Address Hattiesburg Clinic  
415 South 28th Avenue

City State Zip Code  
Hattiesburg MS 39401-7246

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

Name of Employer Occupation  
Hattiesburg Clinic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-18726748228073

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Johnny B. Green

Mailing Address Kitsap Colorectal Surgery, Inc.  
2528 Wheaton Way, Suite 103

City State Zip Code  
Bremerton WA 98310-3305

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

Name of Employer Occupation  
Self Employed Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-24906557798385

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
John Richard Gregory  
Mailing Address 4844 US Highway 3  
City Billings State MT Zip Code 59106-9505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Billings Clinic Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-82934206724167  
Amount of Each Receipt this Period 750.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald Ian Gross  
Mailing Address 12 Bashan Rd  
City East Haddam State CT Zip Code 06423-1222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hartford Hospital Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-90362185239792  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
John Paul Hall  
Mailing Address 3 Doctors' Park  
City Cape Girardeau State MO Zip Code 63703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cape Girardeau Urology Associates Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-06623476743698  
Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Alfred Dwain Harding, Jr.  
Mailing Address 3867 Arden Street

City State Zip Code  
Jacksonville FL 32205

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-46755617856979

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Hedberg  
Mailing Address 1400 Bryan Dr Ste 203

City State Zip Code  
Durant OK 74701-2157

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-86727541685105

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel R. Higgins  
Mailing Address 1201 N Olive Avenue

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Graduate Surgical PA Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-11098879575729

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Robert Wayne Hobson, II

Mailing Address 30 Bergen Street, Umdnj-New Jersey  
Admc Building 6 Room 620

City Newark State NJ Zip Code 07103

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-44848269224167  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Brian Arthur Hoffmann

Mailing Address 175 Tall Oaks Dr

City Alto State GA Zip Code 30510-3538

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

Name of Employer Brian Hoffman, MD, PC Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-25463503599167  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Wilson Hollimon

Mailing Address 8534 Village Drive

City San Antonio State TX Zip Code 78217

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-46305483579636  
Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wm Peter Horst	Date of Receipt MM / DD / YYYY 01 / 19 / 2007
	Mailing Address 1400 29th Street South	<b>Transaction ID:</b> 10846-48084658384323
	City State Zip Code Great Falls MT 59405	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bohdan Askold Iwanetz	Date of Receipt MM / DD / YYYY 01 / 12 / 2007
	Mailing Address 18518 Carriage Ln	<b>Transaction ID:</b> 38154-97344607114792
	City State Zip Code Lansing IL 60438-2536	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation J.T. Iwanetz, MD, Corp Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randeep S. Kahlon	Date of Receipt MM / DD / YYYY 01 / 22 / 2007
	Mailing Address 4745 Ogleton-Stanton Road, First S Suite 225	<b>Transaction ID:</b> 14240-20493716001510
	City State Zip Code Newark DE 19713	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation First State Orthopaedics Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 36  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Denise Mary Kenna

Mailing Address 1936 Powder Mill Road

City York State PA Zip Code 17402

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 22 / 2007

**Transaction ID:** 14240-25979250669479

Amount of Each Receipt this Period 750.00

**B.** Full Name (Last, First, Middle Initial)  
Philip Andrew Kladar

Mailing Address 700 West Ironwood Drive Suite 304

City Coeur D'Alene State ID Zip Code 83814

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2007

**Transaction ID:** 38154-60590761899948

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Albert Man-Chung Kwan

Mailing Address 1820 West 21st Street

City Clovis State NM Zip Code 88101

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2007

**Transaction ID:** 38154-91938418149949

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Keith D. Lillemoe

Mailing Address 545 Barnhill Dr, Indiana Univ Scho  
Department of Surgery Eh 203

City Indianapolis State IN Zip Code 46202-5124

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

Name of Employer Indiana University Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-04812258481979  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Frederick V. Lorenzo

Mailing Address 1595 Pumping Station Road

City Gettysburg State PA Zip Code 17325

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-00814455747604  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Alan George McNabb

Mailing Address 8329 Parus Way

City Granite Bay State CA Zip Code 95746

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

Name of Employer Sutter Medical Group Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-55587404966354  
Amount of Each Receipt this Period 500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 36  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Drew McRoberts

Mailing Address 500 S 11th Avenue

City Pocatello State ID Zip Code 83201

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2007

Transaction ID: 14240-85752505064011

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Presley M. Mock

Mailing Address 6033 Deloache

City Dallas State TX Zip Code 75225

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

Name of Employer TMSA Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2007

Transaction ID: 14240-14002627134323

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Ray Moss

Mailing Address Suite 204  
525 East Plaza Drive

City Santa Maria State CA Zip Code 93454-6954

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2007

Transaction ID: D368E2A16C06D82D434

Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Lena Marie Napolitano

Mailing Address University Hospital Room 1C421  
1500 E Medical Center Drive

City State Zip Code  
Ann Arbor MI 48109-0100

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

Name of Employer University of Michigan Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-85871523618698

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Katherine Anne O'Donnell

Mailing Address 51 Brantford Place

City State Zip Code  
Buffalo NY 14222

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

Name of Employer Frontier Surgical Associates, LLP Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-03693789243698

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Andrew O'Koon

Mailing Address Suite 44  
3900 Kresge Way

City State Zip Code  
Louisville KY 40207-4681

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2007

**Transaction ID:** AC39E134A27EE860FD9

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 36  
(check only one)

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

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

**A.**

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

Mailing Address Taubman Health Care Center Box 034  
1500 E Medical Center Drive Room 2

City Ann Arbor State MI Zip Code 48109-0100

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

Name of Employer University of Michigan Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2007

Transaction ID: 10846-37014406919479

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Bernard J. Owens, III

Mailing Address 2846 Montgomery Road

City Cleveland State OH Zip Code 44122-2827

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 12 / 2007

Transaction ID: 38154-75953310728073

Amount of Each Receipt this Period 750.00

**C.**

Full Name (Last, First, Middle Initial)  
John Joseph Pagan

Mailing Address 670 Lawn Avenue, Pennridge Surgica  
Suite 1A

City Sellersville State PA Zip Code 18960-1571

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

Name of Employer Pennridge Surgical Associates Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2007

Transaction ID: 38154-34399050474167

Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Robert Pennington, Jr.  
Mailing Address 1998 St. Rd. 227 N  
City Richmond State IN Zip Code 47374-1706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Indiana University Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-25788515806198  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard N. Pierson, III  
Mailing Address Divide of Cardiac Surg, N4W94  
22 S Greene Street  
City Baltimore State MD Zip Code 21201-1544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Maryland Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 19 / 2007  
Transaction ID: 10846-27579897642135  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Allen Prinz  
Mailing Address 1431 Ashland Ave  
City River Forest State IL Zip Code 60305-1031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-63451784849167  
Amount of Each Receipt this Period 1000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Edward Francis Quinn, III  
Mailing Address 7 Quail Ridge Road  
City Milford State DE Zip Code 19963  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dickinson Medical Group, LLC Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-83181399106980  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
William Homer Reed, III  
Mailing Address 280 Soledad Drive  
City Monterey State CA Zip Code 93940  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-28405398130417  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
J. David Richardson  
Mailing Address 550 S Jackson Street, Department o  
University of Louisville  
City Louisville State KY Zip Code 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Louisville Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-80141848325730  
Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Stephen Parker Rosser  
Mailing Address 750-G Hartness Road  
City Statesville State NC Zip Code 28677  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 12 / 2007  
Transaction ID: 38154-64831179380417  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Schechter  
Mailing Address 55 Sargent Ave  
City Providence State RI Zip Code 02906-3415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RI Colorectal Clinic Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 22 / 2007  
Transaction ID: 14240-95293825864792  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Hans Joseph Schmidt  
Mailing Address Suite 3  
385 Prospect Avenue  
City Hackensack State NJ Zip Code 07601-2570  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advanced Laproscopic Associates Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 19 / 2007  
Transaction ID: 10846-58390444517136  
Amount of Each Receipt this Period 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Rick Jeffrey Schmidt

Mailing Address 308 Signature Court

City State Zip Code  
Safety Harbor FL 34695

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

Name of Employer Self Employed Occupation  
Self Employed Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 7

**Transaction ID:** 38154-91357058286667

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Schurr

Mailing Address 600 Highland Avenue H4/738

City State Zip Code  
Madison WI 53792

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

Name of Employer Self Employed Occupation  
Self Employed Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 7

**Transaction ID:** 14240-09315127134323

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Donald Paul Schwab, Jr.

Mailing Address 185 Oakdale Loop

City State Zip Code  
Houma LA 70360

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

Name of Employer Self Employed Occupation  
Self Employed Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 7

**Transaction ID:** 14240-24409121274948

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 36

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steven Sorrells Scott

Mailing Address 137 Roffinghams Way

City State Zip Code  
Williamsburg VA 23185

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

Name of Employer Occupation  
Riverside Medical Group Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 14240-56777590513229

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Terry Wayne Shortridge

Mailing Address 55-C Twin Oaks Avenue

City State Zip Code  
Lebanon OR 97355

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

Name of Employer Occupation  
Self Employed Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 38154-73093813657761

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mika Narad Sinanan

Mailing Address 1959 Northeast Pacific Street, Bb  
Box 356410

City State Zip Code  
Seattle WA 98195-6410

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

Name of Employer Occupation  
University of Washington Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 14240-35665529966354

Amount of Each Receipt this Period  
500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 36  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael David Southworth

Mailing Address Suite 223  
2500 English Creek Avenue

City State Zip Code  
Egg Harbor Twp NJ 08234-5549

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2007

**Transaction ID:** 10846-56995791196823

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Mark Stanfield

Mailing Address Center for Heart and Vascular Serv  
800 Hospital Drive

City State Zip Code  
Madisonville KY 42431-1658

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

Name of Employer Trover Health Systems Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-73557680845261

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Stein

Mailing Address 151 Mildred Parkway

City State Zip Code  
New Rochelle NY 10804

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

Name of Employer Advanced Urology Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** 14240-46030825376511

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 36  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James Gerard Tyburski

Mailing Address 4201 St Antoine, Detroit Receiving  
Department of Surgery

City State Zip Code  
Detroit MI 48201

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

Name of Employer Wayne State University Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-89759463071824

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Keith Alan Vollstedt

Mailing Address Suite 400  
612 Sioux Point Road

City State Zip Code  
Dakota Dunes SD 57049-5084

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

Name of Employer General Surgery & Diagnostics, PC Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2007

**Transaction ID:** 10846-89370363950730

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Jude Ward

Mailing Address Prohealthcare Associates  
2800 Marcus Avenue

City State Zip Code  
Lake Success NY 11042-1008

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2007

**Transaction ID:** 38154-25617617368698

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 36  
(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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth M. R. Warnock

Mailing Address 2004 Berkeley Drive

City State Zip Code  
Wichita Falls TX 76308

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

Name of Employer: Bariatrics of Texas   Occupation: Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 01 / 12 / 2007  
**Transaction ID:** 38154-32220095396042  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert I. Weisman

Mailing Address 1875 Dempster Street, Parkside Pro Suite 280

City State Zip Code  
Park Ridge IL 60068-1126

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

Name of Employer: Advocate Medical Group   Occupation: Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 01 / 22 / 2007  
**Transaction ID:** 14240-25748842954635  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis Yung Kuang Wen

Mailing Address Suite 305 901 Center Street

City State Zip Code  
Elgin IL 60120-2104

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

Name of Employer: EBNS   Occupation: Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 01 / 22 / 2007  
**Transaction ID:** 14240-18746584653854  
 Amount of Each Receipt this Period: 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial) Henry George Yavorek		Date of Receipt MM / DD / YYYY 01 / 12 / 2007
Mailing Address 1 East 18th Street		<b>Transaction ID:</b> 38154-61733645200729
City Selinsgrove	State PA	
Zip Code 17870-9367		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Victor John Zannis		Date of Receipt MM / DD / YYYY 01 / 22 / 2007
Mailing Address Suite 130 2525 West Greenway Road		<b>Transaction ID:</b> 14240-32397097349167
City Phoenix	State AZ	
Zip Code 85023-4226		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	34115.00

# 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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name Blue Dog Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 03841-7213556170463</p> <p>Date of Disbursement 01 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) McCaskill for Missouri</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2006 General Debt Retirement</p> <p>Candidate Name Claire McCaskill</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 47676-1746789813041</p> <p>Date of Disbursement 01 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Thomas E. Price, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 47676-4926263689994</p> <p>Date of Disbursement 01 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

7000.00

**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 36 / 36

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

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

A.

Full Name (Last, First, Middle Initial)  
Victory in November Election PAC (VINEPAC)

Transaction ID: 03841-1074029803276

Date of Disbursement

Mailing Address 700 13th Street, NW Suite 600

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	7

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement  
2007 Contribution

011
Category/ Type

Candidate Name  
Victory in November Election PAC (VINEPAC)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2000.00
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TOTAL This Period (last page this line number only) .....

9000.00
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