

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 Washington DC 20001 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 04 01 2007 through 04 30 2007

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

Type or Print Name of Treasurer 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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 .....	101100.50									
(c) Total Receipts (from Line 19) .....	16145.00	155086.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	117245.50	170212.89								
7. Total Disbursements (from Line 31) .....	30413.09	83380.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86832.41	86832.41								
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) .....	12150.00	120015.00
(ii) Unitemized .....	3995.00	35071.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16145.00	155086.00
(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) .....	16145.00	155086.00
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)) .....	16145.00	155086.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16145.00	155086.00

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.....	5913.09	6780.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5913.09	6780.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	24500.00	76500.00
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	100.00
(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	100.00
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))..	30413.09	83380.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30413.09	83380.48

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) .....	16145.00	155086.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16145.00	154986.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5913.09	6780.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5913.09	6780.48

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

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

FOR LINE NUMBER: PAGE 6 / 20  
(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)  
Joseph Charles Battista

Mailing Address Suite 207  
3070 N 51st Street

City State Zip Code  
Milwaukee WI 53210-1645

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2007

**Transaction ID:** 05339-80396670103073

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Marilu Bintz

Mailing Address 610 E Taylor Street

City State Zip Code  
Prairie Du Chien WI 53821

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

Name of Employer Occupation  
Gunderson Lutheran Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2007

**Transaction ID:** 6128CE9E3D0DA7BA285

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Anthony Peter Borzotta

Mailing Address 11037 Woodlands Way

City State Zip Code  
Cincinnati OH 45241-2448

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  
04 / 12 / 2007

**Transaction ID:** 8F14EA8E3B4670199A1

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 7 / 20  
(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)  
Louis P. Bucky

Mailing Address the Farm Journal Building, #101  
230 W Washington Square

City Philadelphia State PA Zip Code 19106-3500

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

Name of Employer Louis Bucky MD PA Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2007  
Transaction ID: 163FE92EBBFD7754F63  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
David Paul Christenberry

Mailing Address 1001 Fairlawn Drive

City Camden State SC Zip Code 29020

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 04 / 12 / 2007  
Transaction ID: 95D291105DA941D7CA2  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
James T. Courtney

Mailing Address Suite 209  
3535 W 13 Mile Road

City Royal Oak State MI Zip Code 48073-6770

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 04 / 05 / 2007  
Transaction ID: 05339-70743960142136  
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 8 / 20  
(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)  
Stephen Herrick Cruikshank

Mailing Address 884 River Forest Drive

City State Zip Code  
Maineville OH 45039

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 4 / 1 2 / 2 0 0 7

**Transaction ID:** CF6066E1952A5356F00

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Vincent A. Culotta, Jr.

Mailing Address 4228 Houma Boulevard  
Suite 400

City State Zip Code  
Metairie LA 70006

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 4 / 0 5 / 2 0 0 7

**Transaction ID:** 05339-98234194517136

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Brad Michael Cushing

Mailing Address 22 Bramhall Street, Maine Medical  
Department of Surgery

City State Zip Code  
Portland ME 04102-3100

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 4 / 0 5 / 2 0 0 7

**Transaction ID:** 05339-31167238950729

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 9 / 20  
(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) Alan M. Dietzek		Date of Receipt MM / DD / YYYY 04 / 05 / 2007
Mailing Address Suite 204 69 Sand Pit Road		<b>Transaction ID:</b> 05339-43532961606979
City Danbury	State Zip Code CT 06810-4004	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Danbury Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Dennis L. Fowler		Date of Receipt MM / DD / YYYY 04 / 05 / 2007
Mailing Address 130 W 67th St		<b>Transaction ID:</b> 05339-80057924985886
City New York	State Zip Code NY 10023-5909	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Columbia University	Occupation Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) John E. Gatti		Date of Receipt MM / DD / YYYY 04 / 12 / 2007
Mailing Address 104 Treaty Elms Lane		<b>Transaction ID:</b> 7691F228E0775EAA777
City Haddonfield	State Zip Code NJ 08033	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20  
(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)  
John Anthony Griswold

Mailing Address 3601 4th Street, Texas Tech Univ H  
Department of Surgery

City Lubbock State TX Zip Code 79430-0001

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

Name of Employer Texas Tech University Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 12 / 2007  
Transaction ID: 5CE227DA62C563803D2  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Walter Douglas Harrison

Mailing Address PO Box 7200

City Rocky Mount State NC Zip Code 27804-0200

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

Name of Employer Boyce Clinic Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 12 / 2007  
Transaction ID: 8D3B1B4CB961342EE48  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Sacher Helling

Mailing Address 1086 FRANKLIN STREET, Department o  
Conemaugh Memorial Medical Center

City Johnstown State PA Zip Code 15905

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

Name of Employer Conemaugh Memorial Medical Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 12 / 2007  
Transaction ID: A937C68806BE27021F6  
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: (check only one)	PAGE 11 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Joseph Kelly	Date of Receipt MM / DD / YYYY 04 / 12 / 2007
	Mailing Address 55 Lake Avenue North H1-760	<b>Transaction ID:</b> 833FCF6E532C4BD374A
	City Worcester State MA Zip Code 01655	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UMass Memorial Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Warren Kronson	Date of Receipt MM / DD / YYYY 04 / 12 / 2007
	Mailing Address 4844 Carmel Road	<b>Transaction ID:</b> 6CFA706272AD3347DB5
	City La Canada State CA Zip Code 91011-2707	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation 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) Kevin G. Looser	Date of Receipt MM / DD / YYYY 04 / 12 / 2007
	Mailing Address Suite 308, Jackson Gray Medical Bu 330 Borthwick Avenue	<b>Transaction ID:</b> F9BB160C41E7D74482A
	City Portsmouth State NH Zip Code 03801-4174	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1050.00
<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: (check only one)	PAGE 12 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Alan Marley

Mailing Address Suite 372  
400 Wabash Avenue

City Akron State OH Zip Code 44307-2433

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  
04 / 05 / 2007

**Transaction ID:** 05339-61704653501511

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
John David Mast

Mailing Address 473 West Eaton Avenue

City Tracy State CA Zip Code 95376

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  
04 / 05 / 2007

**Transaction ID:** 05339-79189699888230

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Banks Matthews

Mailing Address 5841 S Maryland Ave MC 5029, Unive  
Department of Surgery

City Chicago State IL Zip Code 60637

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

Name of Employer University of Chicago Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 12 / 2007

**Transaction ID:** F53DA19115FFA339B30

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 13 / 20  
(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)  
J. Wayne Meredith

Mailing Address 704 Glen Echo Trl

City State Zip Code  
Winston Salem NC 27106-5720

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

Name of Employer Wake Forest University School of Medicine   Occupation Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

**Transaction ID:** 05339-06965273618698

Amount of Each Receipt this Period  
800.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey W. Milsom

Mailing Address 215 E 68th St Apt 32D

City State Zip Code  
New York NY 10021-5730

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

Name of Employer Cornell University   Occupation 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 4 / 0 9 / 2 0 0 7

**Transaction ID:** B67925280183390CAEF

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Chukuma Ikemefuna Okadigwe

Mailing Address 191 Ocean Avenue

City State Zip Code  
Brooklyn NY 11225

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  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 7

**Transaction ID:** 93233EF0D318C0EBE09

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2300.00**

**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 / 20

(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)  
John Richard Saunders, Jr.

Mailing Address Suite 200  
6569 N Charles Street

City State Zip Code  
Baltimore MD 21204-6831

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

Name of Employer Occupation  
GBMC 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	4		1	2		2	0	0	7

Transaction ID: DF53A0A0479252001F2

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert K. Story, Jr.

Mailing Address 193 Main Street Suite 6

City State Zip Code  
Norway ME 04268-5645

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 ▼  
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	7

Transaction ID: A72CC157F3137A0B452

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Stott Wilson

Mailing Address 9 Northvale Dr

City State Zip Code  
Jacksonville IL 62650-2630

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
0	4		0	5		2	0	0	7

Transaction ID: 05339-26995486021042

Amount of Each Receipt this Period  
250.00

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

800.00

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

12150.00

# 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 checked="" type="checkbox"/> 21b	<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO BOX 53582 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Fee to use American Express as Contribution Source Candidate Name	Transaction ID: V18147-1117059588432 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 469.08		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>B.</b> Full Name (Last, First, Middle Initial) National Capital Teleserv <hr/> Mailing Address 300 Fifth Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Fee for PAC Telemarketing Candidate Name	Transaction ID: V96375-0662347674369 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 4823.76		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>C.</b> Full Name (Last, First, Middle Initial) The Northern Trust Company <hr/> Mailing Address 50 South LaSalle Street <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Fee to use Visa/MC as Contribution Source Candidate Name	Transaction ID: V18147-6234247088432 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 620.25		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	

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

5913.09

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

5913.09

**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) Becerra for Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 31</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> 96815-0981256365776</p> <p>Date of Disbursement 04 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Boyd for Congress</p> <p>Mailing Address PO Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name F. Allen Boyd, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 02</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> 96375-9054986834526</p> <p>Date of Disbursement 04 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr MD for Congress Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</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> 96375-8395349383354</p> <p>Date of Disbursement 04 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

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

7500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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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) Charlie Dent for Congress Mailing Address PO Box 442 City Allentown State PA Zip Code 18105 Purpose of Disbursement 2008 Primary Contribution Candidate Name Charles W. Dent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96539-5020715594291 Date of Disbursement 04 / 12 / 2007
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Chris Chocola for Congress Inc Mailing Address PO Box 1603 City Bristol State IN Zip Code 46507 Purpose of Disbursement Voided 6/8/05 Disbursement Candidate Name Chris Chocola Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87D9307ADFB70FB9B62 Date of Disbursement 04 / 23 / 2007
	Amount of Each Disbursement this Period -2000.00 Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement 2008 Primary Contribution Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96375-7992975115776 Date of Disbursement 04 / 12 / 2007
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 700 13th Street, NW Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96375-12704104185104 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress, Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa, State OK Zip Code 74147 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96375-1327173113822 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Red PAC <hr/> Mailing Address Post Office Box 51 <hr/> City Homeland State FL Zip Code 33847 <hr/> Purpose of Disbursement 2007 Contribution Candidate Name Red PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 96815-9433557391166 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

**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)

<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) Republican Mainstreet Partnership PAC</p> <p>Mailing Address C/O G &amp; W 2201 Wisconsin Ave., NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name Republican Mainstreet Partnership PAC</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> 96539-8204309344291</p> <p>Date of Disbursement 04 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ron Lewis for Congress</p> <p>Mailing Address PO Box 1825</p> <p>City Elizabethtown State KY Zip Code 42702</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Ron Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</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> 96375-7683679461479</p> <p>Date of Disbursement 04 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress</p> <p>Mailing Address PO Box 696</p> <p>City Madison State WI Zip Code 53701</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Tammy Baldwin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02</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> 96375-4610864520072</p> <p>Date of Disbursement 04 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

6000.00

**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 20 / 20

<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

<b>A.</b> Full Name (Last, First, Middle Initial) The Congressman Joe Barton Committee Mailing Address PO Box 1444 City Ennis State TX Zip Code 75120 Purpose of Disbursement 2008 Primary Contribution Candidate Name Joe L. Barton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95766-1834680438041 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Udall for Colorado Mailing Address PO Box 40158 City Denver State CO Zip Code 80204 Purpose of Disbursement 2008 Primary Contribution Candidate Name Mark E. Udall Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96632-7558252215385 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

2500.00

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

24500.00