

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

Use separate schedule(s)
or 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

Full Name (Last, First, Middle Initial) A. James Hamilton		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 8001 Southwest 6th Avenue Suite 220		Transaction ID: 20521-09696596860885
City Topeka	State KS	
Zip Code 66615-1011		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Tall Greens Surgical Specialties	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ibrahim Ibrahim		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 375 Engle Street		Transaction ID: 03805-40305727720261
City Englewood	State NJ	
Zip Code 07631-1823		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Bergen Surgery and Laproscopy	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Yash Lakra		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1255 N Oakland Boulevard Suite 204		Transaction ID: 03805-90656879868699
City Waterford	State MI	
Zip Code 48327-1582		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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