

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American College of Surgeons Professional Association PAC

ADDRESS (number and street)

1640 Wisconsin Ave NW

Check if different than previously reported. (ACC)

Washington

DC

20007

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00382424

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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)

X Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

02

01

2005

through

02

28

2005

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

Ms. Cynthia Brown

Signature of Treasurer

Electronically Filed by Ms. Cynthia Brown

Date

06

20

2005

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

Office Use Only

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

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: <sup>M</sup>02 <sup>:</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>02 <sup>:</sup>28 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		38412.62
(b) Cash on Hand at Beginning of Reporting Period .....	109672.38	
(c) Total Receipts (from Line 19) .....	35060.00	114715.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	144932.38	153127.62
<hr/>		
7. Total Disbursements (from Line 31) .....	35095.19	43290.43
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	109637.19	109637.19
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: <sup>M</sup>02 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>02 <sup>-</sup>28 <sup>-</sup>2005

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) .....	27750.00	84825.00
(ii) Unitemized .....	7310.00	29890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	35060.00	114715.00
(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) .....	35060.00	114715.00
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)) .....	35060.00	114715.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35060.00	114715.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	10095.19	11690.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10095.19	11690.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	29500.00
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	2100.00
(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	2100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35095.19	43290.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	35095.19	43290.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	35060.00	114715.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35060.00	112615.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10095.19	11690.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10095.19	11690.43

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

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

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Mark Adams</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 9200 W Wisconsin Avenue		Transaction ID: 48592-95357902427292
City Milwaukee	State WI	Zip Code 53226-3522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Medical College of Wisconsin	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. H. Randolph Bailey</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 855D Fannin Street Smith Tower Suite 2307		Transaction ID: 48592-91967409849167
City Houston	State TX	Zip Code 77030-2717
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Christopher Bartels</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 100 Delafield Road Suite 113		Transaction ID: D4818-8358911385073D
City Pittsburgh	State PA	Zip Code 15215-3247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Pittsburgh	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Richard Bell</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 251 E Huron Street Northwestern University Medical Sc		Transaction ID: 48592-50133609614792
City Chicago	State IL	Zip Code 60611-2008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Northwestern University Medical School	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Thomas Biehl</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address PO Box 900 Virginia Mason Clinic		Transaction ID: 04818-30527529478073
City Seattle	State WA	Zip Code 98111-0900
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Mason Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gary Bloomgarten</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 330 Orchard Street Suite 318		Transaction ID: 04818-88520754575730
City New Haven	State CT	Zip Code 06511-4417
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Connecticut Neurosurgery	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Alan Buchele</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 2817 McClelland Boulevard Suite 256		Transaction ID: 48592-94512575864792
City Joplin	State MO	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Louis Bucky</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 230 W Washington Square the Farm Journal Building, #101		Transaction ID: 49359-89388674497605
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Louis Bucky MD PA	Occupation Surgeon	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Butler</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 120 East 2nd Street 4th Floor		Transaction ID: D4818-85188235D4448D
City Erie	State PA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>750.00</b>
Name of Employer Flagship	Occupation Surgeon	Aggregate Year-to-Date ▼ <b>750.00</b>
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Scott Caudle</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1503 W Elk Avenue Prof Office Building Suite 1		Transaction ID: 48592-01198977231979
City Elizabethton	State TN	
Zip Code 37643-2876		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		250.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) <b>B. William Ciuffi</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 593 Eddy Street Chairman's Office - Apt 118, Rhode		Transaction ID: 48675-38207644224167
City Providence	State RI	
Zip Code 02903-4823		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		1000.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph Coopwood</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 770 an Co Road 4034		Transaction ID: 55860-60133913755417
City Palestine	State TX	
Zip Code 75801		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		250.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. James Darden</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 363D Northbrook Drive Suite A		Transaction ID: 04818-38648623228073
City Northport	State AL Zip Code 35473-5804	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael De Bakay</b>		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2005
Mailing Address 1 Baylor Plaza Baylor College of Medicine		Transaction ID: 55860-42200869321823
City Houston	State TX Zip Code 77030-3411	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Baylor College of Medicine	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Edward Donahue</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 333 W Thomas Road Suite 203		Transaction ID: D4818-83842409B49187
City Phoenix	State AZ Zip Code 85013-4417	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Edward Donahue	Occupation Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. E. Christopher Ellison</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1854 Upham Drive 327 Means Hall		Transaction ID: 48675-28704470396042
City Columbus	State Zip Code OH 43210-1250	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Ohio State Medical Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Norman Estes</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 824 Northeast Glen Oak Avenue North Building, Second Floor		Transaction ID: 49688-90487307310105
City Peoria	State Zip Code IL 61603-3135	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of IL	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Francis Fardhand</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 100 E Lancaster Avenue the Lankenau Hospital - 280 Msb, D		Transaction ID: D4837-45861452817917
City Wynnewood	State Zip Code PA 19068-3450	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer The Lankenau Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2750.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. H. Stephen Fletcher</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 1500 Pleasant Valley Way Suite 302		Transaction ID: 04818-17860049009323
City West Orange	State NJ	
Zip Code 07052-2856		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: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Lewis Flint</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address PO Box 1289 the Regional Trauma Center, the Ta		Transaction ID: 04837-22617739439010
City Tampa	State FL	
Zip Code 33601-1289		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Regional Trauma Center	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Geraghty</b>		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 1 Barnes Hospital Plaza Suite 5103 Queeny Tower		Transaction ID: 38413-3871576189994B
City Saint Louis	State MO	
Zip Code 63110-1003		Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 32  
(check only one)  
 11a     11b     11c     12  
           13        14        15        16        17

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

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

Full Name (Last, First, Middle Initial) <b>A. Fredric Genard</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 2951 Northwest 49th Avenue Central Prof Building Suite 305		Transaction ID: 55880-47210329771042
City Lauderdale Lakes	State FL	
Zip Code 33313-1600	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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edwin Genish</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 506 1st Avenue Southeast Brown Clinic		Transaction ID: 48592-02871340513229
City Watertown	State SD	
Zip Code 57201-4402	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Brown Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mitchell Giangotbe</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 13629 W Camino Del Sol Suite 180		Transaction ID: 48592-98046511411667
City Sun City West	State AZ	
Zip Code 85375-1405	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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary          General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. George Haight</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 204 McCollum Drive Suite 101		Transaction ID: 55880-35458010435104
City Laramie	State WY	
Zip Code 82070-5103		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer High Plains Surgery	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Hal</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 3 Doctors Park		Transaction ID: 48682-25947207212448
City Cape Girardeau	State MO	
Zip Code 63703-4827		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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Halper</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 2402 Camden Street Southwest Suite 500		Transaction ID: D4818-45888183774948
City Wilson	State NC	
Zip Code 27853-8808		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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Steven Hamer</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 401 N 9th Street Box 5538		Transaction ID: 48592-52412050962448
City Bismarck	State ND	Zip Code 58501-4507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sara Hartzler</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 1206 W 4th Street Suite 2		Transaction ID: 55860-77145022153855
City Gillette	State WY	Zip Code 82716-3300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer High Plains Surgical Associates, PC	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Hatcher</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 3400 E Frank Phillips Boulevard Suite 3D5		Transaction ID: 49359-41579836808979
City Bartlesville	State OK	Zip Code 74008-2455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Gerald Healy</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 300 Longwood Avenue Children's Hospital - Fe9, Departm		Transaction ID: 48592-76122683286667
City Boston	State MA	Zip Code 02115-5724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Childrens Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. W. Scott Helton</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 840 S Wood Street University of Illinois, Department		Transaction ID: 48592-22350710630417
City Chicago	State IL	Zip Code 60612-7317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer University of Illinois	Occupation Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Todd Hendrickson</b>		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 110 E 5th Avenue		Transaction ID: D4818-80175417661667
City Antigo	State WI	Zip Code 54409-2710
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1100.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Vendie Hooks</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 134B Walton Way Suite 6500		Transaction ID: 49673-29655092954635
City Augusta	State Zip Code GA 30901-5104	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hubert Huelbl</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 136 S Highland Street		Transaction ID: 55860-185603996763229
City Dearborn	State Zip Code MI 48124-1444	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles Humphrey</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 1745 S Imperial Avenue		Transaction ID: 55860-81823872058198
City El Centro	State Zip Code CA 92243-4243	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Hurwitz</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 3108 Forbes Avenue Suite 500		Transaction ID: 04837-82104128599167
City Pittsburgh	State Zip Code PA 15213-3010	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Surgeon	300.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Randeep Kahlon</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 4745 Stanton Ogletown Road Suite 2 First State Orthopaedics		Transaction ID: 48582-51971071958542
City Newark	State Zip Code DE 19713-1340	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics	Occupation Surgeon	500.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Christopher Lagreca</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 115 Flagstone Court		Transaction ID: 04837-96873110532781
City Lafayette	State Zip Code LA 70503-5574	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Surgeon	500.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	<b>1300.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Lottenberg</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 3501 Johnson Street		Transaction ID: 49688-21085757017135
City Hollywood	State Zip Code FL 33021-5421	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dennis Lund</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 800 Highland Avenue University of Wisconsin-Madison, K		Transaction ID: 48675-73119753599167
City Madison	State Zip Code WI 53792-0001	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Wisconsin-Madison	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James MacMillan</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 1524 McHenry Avenue Suite 570		Transaction ID: 55860-58183808138228
City Modesto	State Zip Code CA 95350-4500	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Valley Heart Surgeons	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER:        PAGE 20 / 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Marilee McGinness</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 1112 W 8th Street Suite 204		Transaction ID: 49359-73061770200730
City Lawrence	State KS	Zip Code 66044-2215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Lawrence Surgery Association	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert Morrow</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 325 N 5th Street		Transaction ID: 48892-30585879087448
City Allentown	State PA	Zip Code 18102-3367
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joseph Micaly</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 120 Charles D Rollins Road Suite 1D1		Transaction ID: 48875-23278445005417
City Henderson	State NC	Zip Code 27538-2882
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Maria Parham Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:        PAGE 21 / 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Mohan Rao</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address Clinic Drive Trover Clinic		Transaction ID: 48592-02535647153854
City Madisonville	State KY	
Zip Code 42431		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Trover Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. J. David Richardson</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 530 S Jackson Street University of Louisville, Departme		Transaction ID: 48592-16573733091354
City Louisville	State KY	
Zip Code 40202-1675		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Louisville	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Hector Rodriguez-Blaquez</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address PO Box 966		Transaction ID: 48592-90284365415574
City Mayaguez	State PR	
Zip Code 00681-0568		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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1050.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Mark Sawais</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 502 N 2nd Avenue Selkirk General Surgery		Transaction ID: 48592-62728518247805
City State Zip Code Sandpoint ID 83864-1558	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <b>C</b>		500.00
Name of Employer Selkirk General Surgery	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David Schoetz</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 41 Mall Road Lahey Hitchcock Medical Center, De		Transaction ID: 48675-28020876646042
City State Zip Code Burlington MA 01803-4136	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <b>C</b>		500.00
Name of Employer Lahey Hitchcock Medical Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Maurice Sells</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 700 Spring Street		Transaction ID: 55860-31036013364792
City State Zip Code Macon GA 31201-7507	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <b>C</b>		1000.00
Name of Employer Macon Cardiovascular Institute	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Alexander Sotiropoulos</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 955 Park Avenue		Transaction ID: 48592-14129275083542
City New York	State Zip Code NY 10028-0321	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edward Spoon</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 824 Canyon Greens Drive		Transaction ID: 04818-27021425062448
City Las Vegas	State Zip Code NV 89144-0832	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Las Vegas OBGYN Associates	Occupation Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Sutherland</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 3005 Trentwood Drive		Transaction ID: 04818-15884716878073
City Ocean Springs	State Zip Code MS 39564-5518	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer US Air Force	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 24 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Erik Throop</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 520 Mary Street Suite 520		Transaction ID: 48592-14690798521042
City Evansville	State IN	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Evansville Surgical Associates	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard Tiedemann</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 1100 Rahway Road		Transaction ID: 55860-22419375181198
City Scotch Plains	State NJ	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anthony Truxel</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 420 Lilly Road Northeast		Transaction ID: 55860-33707827329835
City Olympia	State WA	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Claris Eye Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1350.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Robert Tucker</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 985D Ventana Way Suite 101		Transaction ID: 48592-42812746783229
City Alpharetta	State Zip Code GA 30022-6395	
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	250.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. James Tyburski</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 4201 Saint Antoine Street Department of Surgery, Detroit Rec		Transaction ID: 48592-77502077817917
City Detroit	State Zip Code MI 48201-2153	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wayne State University	Occupation Surgeon	250.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Wamoek</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 2004 Berkley Drive		Transaction ID: 48592-11928957700728
City Wichita Falls	State Zip Code TX 76308-1309	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bariatrics of Texas	Occupation Surgeon	350.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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

FOR LINE NUMBER: PAGE 26 / 32

(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. Karen Yeh		Date of Receipt M / D / Y 02 / 11 / 2005	
Mailing Address Saint Joseph Hospt-Summerville Pro 2258 Wrightsboro Road		Transaction ID: 49359-07967776060104	
City Augusta	State GA	Zip Code 30604	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College of Georgia	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	27750.00

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: V55638-9678003191948 Date of Disbursement 02 / 04 / 2005	
Mailing Address PO BOX 53582		Amount of Each Disbursement this Period 399.00	
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Fee to use American Express as a contrib	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. National Capital Teleserv</b>		Transaction ID: V38101-4358042742729 Date of Disbursement 02 / 04 / 2005	
Mailing Address 300 Fifth Street, NE		Amount of Each Disbursement this Period 4048.15	
City Washington State DC Zip Code 20002	Purpose of Disbursement Telemarket PAC solicitation	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. National Capital Teleserv</b>		Transaction ID: V70141-6594964881869 Date of Disbursement 02 / 28 / 2005	
Mailing Address 300 Fifth Street, NE		Amount of Each Disbursement this Period 5248.77	
City Washington State DC Zip Code 20002	Purpose of Disbursement Fee for PAC telemarketing solicitation	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **9695.92**

**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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Oak Brook Bank</b>		Transaction ID: M55636-4916124773979 Date of Disbursement 02 / 04 / 2005	
Mailing Address 1400 16th Street		Amount of Each Disbursement this Period 369.27	
City Oak Brook	State IL	Zip Code 60521	Category/ Type
Purpose of Disbursement Fee to use Visa and Mastercard as contri			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. Oak Brook Bank</b>		Transaction ID: M55636-6670038104057 Date of Disbursement 02 / 14 / 2005	
Mailing Address 1400 16th Street		Amount of Each Disbursement this Period 30.00	
City Oak Brook	State IL	Zip Code 60521	Category/ Type
Purpose of Disbursement Fee to use Visa and Mastercard as a cont			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	399.27
TOTAL This Period (last page this line number only) .....	▶	10095.19

**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)

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

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

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

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement  
2006 Primary

Candidate Name  
William Thomas

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: CA District: 22

Transaction ID: 35707-0199701180994  
Date of Disbursement

02 / 01 / 2005

Amount of Each Disbursement this Period

2500.00

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

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement  
2005 Contribution to CMC

Candidate Name

Category/  
Type

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

State: District

Transaction ID: 35707-6111719012280  
Date of Disbursement

02 / 01 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)  
C. Friends of John Peterson

Mailing Address 114 West State Street

City Pleasantville State PA Zip Code 18341

Purpose of Disbursement  
2006 Primary

Candidate Name  
John Peterson

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: PA District: 05

Transaction ID: 54589-6103320678276  
Date of Disbursement

02 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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)

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

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

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

Mailing Address PO Box U

City Marietta State GA Zip Code 30080

Purpose of Disbursement  
2006 Primary

Candidate Name  
John Gingrey

Office Sought:  House  Senate  President  
State: GA District: 11

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 70141-4332239031791  
Date of Disbursement  
02 / 28 / 2005

Amount of Each Disbursement this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. Glacier PAC**

Mailing Address 818 Connecticut Ave NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: D2717-4952968570854  
Date of Disbursement  
02 / 17 / 2005

Amount of Each Disbursement this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Hulshof for Congress**

Mailing Address PO Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement  
2006 Primary

Candidate Name  
Kenny Hulshof

Office Sought:  House  Senate  President  
State: MO District: 09

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 70141-2057000994682  
Date of Disbursement  
02 / 28 / 2005

Amount of Each Disbursement this Period  
2000.00

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

**9500.00**

**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)

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

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

Full Name (Last, First, Middle Initial)  
A. JD Hayworth for Congress

Mailing Address 14300 N Northsight Blvd  
#1D5

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
2006 Primary

Candidate Name  
J. Hayworth

Category/  
Type

Office Sought:  House  
Senate  
President  
State: AZ District: D5

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Transaction ID: 54599-03519839D4838  
Date of Disbursement

02 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

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

Mailing Address PO Box 268 Drawer 271

City State Zip Code  
Stonington CT 06378

Purpose of Disbursement  
2006 Primary

Candidate Name  
Rob Simmons

Category/  
Type

Office Sought:  House  
Senate  
President  
State: CT District: D2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Transaction ID: D2717-8404352065901  
Date of Disbursement

02 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 1487 Parkway Drive

City State Zip Code  
Blackfoot ID 83221

Purpose of Disbursement  
2006 Primary

Candidate Name  
Michael Simpson

Category/  
Type

Office Sought:  House  
Senate  
President  
State: ID District: D2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Transaction ID: 97813-7911645770073  
Date of Disbursement

02 / 08 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

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

Full Name (Last, First, Middle Initial)  
A. Sue Kelly for Congress

Mailing Address PO Box 599

City State Zip Code  
Katonah NY 10536

Purpose of Disbursement  
2006 Primary

Candidate Name  
Sue Kelly

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

State: NY District: 19

Transaction ID: 70141-2910730242729  
Date of Disbursement

02 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 2250 N Rock Rd  
#118 A

City State Zip Code  
Wichita KS 67226

Purpose of Disbursement  
2006 Primary

Candidate Name  
Todd Tiaht

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

State: KS District: 04

Transaction ID: 97613-3816188785697  
Date of Disbursement

02 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

25000.00