

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Surgeons Professional Association PAC

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

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

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

5. Covering Period 11 01 2007 through 11 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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

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	217918.35									
(c) Total Receipts (from Line 19)	49815.00	475301.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	267733.35	490427.89								
7. Total Disbursements (from Line 31)	73413.92	296108.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	194319.43	194319.43								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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)	39800.00	379640.00
(ii) Unitemized	10015.00	95661.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	49815.00	475301.00
(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)	49815.00	475301.00
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))	49815.00	475301.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49815.00	475301.00

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.....	1413.92	11008.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1413.92	11008.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	72000.00	284500.00
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	600.00
(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	600.00
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))..	73413.92	296108.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73413.92	296108.46

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)	49815.00	475301.00
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49815.00	474701.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1413.92	11008.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1413.92	11008.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56
(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)
Mary Oline Aaland

Mailing Address Suite 160
1818 Carew Street

City State Zip Code
Fort Wayne IN 46805-4788

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

Name of Employer Occupation
Indiana Surgical Spec. Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: CFA803A4747647B281D7

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
John Andrew Abikhaled

Mailing Address 3901 Medical Parkway
Suite 301

City State Zip Code
Austin TX 78756

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

Name of Employer Occupation
Austin Surgery Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: E649F8CCA84DF7819E2

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Constantine T. Andrew

Mailing Address 1935 Route 70 E

City State Zip Code
Cherry Hill NJ 08003-2117

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

Name of Employer Occupation
Surgical Group Of South Jersey Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: ED9F364199064F1395D9

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56
(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)
Brian Thomas Anthony

Mailing Address Beach Surgical Group
PO Box 2548

City Bay Saint Louis State MS Zip Code 39521-2548

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 11 / 27 / 2007
Transaction ID: 1E9511098A094E7444B
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
W. Gerald Austen

Mailing Address 330 Beacon St
Apt 66

City Boston State MA Zip Code 02116-1153

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

Name of Employer Massachusetts General Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 19 / 2007
Transaction ID: 53FAB83C833D5AEB4C3
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
W. Bandy

Mailing Address 1500 SW 10th Avenue
Trauma Services

City Topeka State KS Zip Code 66604

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

Name of Employer Stormont-Vail Regional Health Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 5A121727DB764918800D
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 56
(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)
W. Bandy

Mailing Address 1500 SW 10th Avenue
Trauma Services

City State Zip Code
Topeka KS 66604

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

Name of Employer Stormont-Vail Regional Health Center
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
1 1 / 1 4 / 2 0 0 7

Transaction ID: C60348D18FEB40E39569

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Allen Herbert Bar

Mailing Address 301 South 8th Street

City State Zip Code
Philadelphia PA 19106

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

Name of Employer UPHS-University of PA
Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 423187CB1A0E4DD7B1B2

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Bernard Biviano

Mailing Address 33 Patton Boulevard

City State Zip Code
New Hyde Park NY 11040

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
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 50E449C963FD4CBCB516

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 56
	<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) Cecelia Haines Boardman		Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address Box 980034, Vcuhs/McV Department of Obstetrics and Gynec		Transaction ID: 0BFD08B1096A4160AAC5
	City Richmond	State VA	Zip Code 23298-0034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer VWHS	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) John Anthony Bonadies		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 1450 Chapel St, Hospital of St. Ra Mob Suite 311		Transaction ID: A07B8474B86E8229830
	City New Haven	State CT	Zip Code 06511
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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	

C.	Full Name (Last, First, Middle Initial) Joel Elliot Borkow		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 415 Napoleon Place		Transaction ID: 170FC77CF43649FAB946
	City Johnstown	State PA	Zip Code 15901
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	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	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56
(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)
L.D. D. Britt

Mailing Address 825 Fairfax Ave, Ste 610, Departme
Eastern Virginia Medical School

City Norfolk State VA Zip Code 23507-1912

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

Name of Employer Eastern Virginia Medical School Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2007
Transaction ID: AF88348F75BFD9BD9DF
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
John H. Burson, III

Mailing Address 145 Henry Burson Avenue

City Carrollton State GA Zip Code 30117-4464

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 11 / 27 / 2007
Transaction ID: BEBC8F3C91161FE981B
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jo Buyske

Mailing Address 51 N 39th St, Presbyterian Medical
Department of Surgery W266

City Philadelphia State PA Zip Code 19104

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 ▼ 300.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 2D572CCCB19F4A989B00
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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 / 56
	<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) Phillip L. Cacioppo	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address Suite 202 810 Biesterfield Road	Transaction ID: 24052F63C61E49BDB6A1
	City Elk Grove Village State IL Zip Code 60007-7312	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Hau Hsien Chang	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 2120 Truxtun Avenue	Transaction ID: BE204446794A4CAA8324
	City Bakersfield State CA Zip Code 93301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Michael Sywe-Yung Chin	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address First Floor PO Box 2828	Transaction ID: AFDF62CABF5546D6A58D
	City Corona State CA Zip Code 92878-2828	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mission Surgical Clinic, Inc. Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Steven Maurice Clark

Mailing Address 8051 S Emerson Avenue, Premier Sur
Suite 290

City Indianapolis State IN Zip Code 46237

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

Name of Employer Premier Surgical Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 3BDD240DA35C41E8B1B7
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Robert E. Cole

Mailing Address Suite 202
100 John Roemmelt Drive

City Horseheads State NY Zip Code 14845-8301

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

Name of Employer Arnot Ogden Medical Service Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2007
Transaction ID: 9AC228406D1F409ABDA9
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Stephen B. Colvin

Mailing Address 530 1st Ave, Suite 9V
Nyu Medical Center

City New York State NY Zip Code 10016

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

Name of Employer New York University Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 05 / 2007
Transaction ID: 821D320F2D2A4C4CB25F
Amount of Each Receipt this Period 750.00

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 / 56
(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)
Peter L. Cunningham

Mailing Address Austin Medical Center
1000 First Drive

City Austin State MN Zip Code 55912-2941

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

Name of Employer Austin Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 5D00614D25CA4230B690
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Anthony Lawrence Cuppari

Mailing Address Suite 202
29 Columbia Turnpike

City Florham Park State NJ Zip Code 07932-2240

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 11 / 27 / 2007
Transaction ID: 3467C67F65D94A3C9D45
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
James Dylan Curry

Mailing Address 616 Point Ridge Place

City Las Vegas State NV Zip Code 89145-8810

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

Name of Employer Desert West Surgery Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2007
Transaction ID: 7999E8713D0B451890ED
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 56
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Franklin Daugherty

Mailing Address 1731 Memorial Drive, Physicians Of
Suite 101

City State Zip Code
Clarksville TN 37043

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

Name of Employer Occupation
Clarksville Surgical Associates Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 13BDB3A8222E43A8BC0D

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Bradley Davis

Mailing Address 7769 Concord Hills Lane

City State Zip Code
Cincinnati OH 45243

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

Name of Employer Occupation
UC Surgeons Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 200C1F25D0FF42CFA406

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael P. Davoren

Mailing Address 13317 West 138th Street

City State Zip Code
Overland Park KS 66221

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
11 / 05 / 2007

Transaction ID: 4B336518426ED915D71

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Edward Dickson		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address Suite 208 1014 Memorial Drive		Transaction ID: B2FD779FD7A7432AB1F1
	City Denison	State TX	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Michael J. Fahey		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address Suite 103 481 Plumas Boulevard		Transaction ID: 5DD612E3ECF64F8D9A47
	City Yuba City	State CA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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	

C.	Full Name (Last, First, Middle Initial) Mitchell James Giangobbe		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address Suite 180 13629 W Camino Del Sol		Transaction ID: CE3B4C8A02F141A0B714
	City Sun City West	State AZ	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 56
(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)
Henry George Godfrey

Mailing Address 1879 Madison Avenue

City State Zip Code
New York NY 10035

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

Name of Employer NY Gen Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 7FD92E2AF7EF425ABCCF

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey S. Goldblatt

Mailing Address Suite 520
330 Washington Street

City State Zip Code
Norwich CT 06360-2700

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
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 04E1642A9DD5422796DF

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William Allystair Graber

Mailing Address 2395 Brookview Drive

City State Zip Code
Hamilton NY 13346

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

Transaction ID: 4F6F3855EF60454DA384

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 56

(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) Terry Louis Gueldner		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address 1103 Memorial Drive		Transaction ID: FOA52A19FDEE4520A1C7		
	City Manitowoc	State WI	Zip Code 54220-2244	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	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.	Full Name (Last, First, Middle Initial) Linda Maureen Harris		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address Department of Surgery 3 Gates Circle		Transaction ID: 71E4A01E19FB4B318B03		
	City Buffalo	State NY	Zip Code 14209-1120	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	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			

C.	Full Name (Last, First, Middle Initial) Wilson H. Hartz, III		Date of Receipt MM / DD / YYYY 11 / 27 / 2007		
	Mailing Address Suite 1525 676 N Saint Clair Street		Transaction ID: 83DA80236DB149FF9A15		
	City Chicago	State IL	Zip Code 60611-2927	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 500.00			

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 56
(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)
Lee Allan Hofer

Mailing Address 2715 Damon Street

City Eau Claire State WI Zip Code 54701-2634

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

Name of Employer CUPEC Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2007

Transaction ID: 7EF5A5C764E74F60BD9C

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
John Roland Houck, Jr.

Mailing Address Box 26901 Wp1290

City Oklahoma City State OK Zip Code 73190-0001

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

Name of Employer University of Oklahoma Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2007

Transaction ID: C1068731C4A348EDA0EA

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
John Greenleaf Hunter

Mailing Address 3181 SW Sam Jackson Park Rd (L223) Oregon Health Sciences University

City Portland State OR Zip Code 97239

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

Name of Employer Orgeon Health Science Cen-ter Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2007

Transaction ID: DFE7E57D99D74FFF9530

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 56
(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)
Manjula Mayura Jeyapalan-Noone

Mailing Address 212 Altura Vista

City State Zip Code
Los Gatos CA 95032

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 11 / 05 / 2007
Transaction ID: 5C9FA1F6289F4D7AA97F
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Jay Johannigman

Mailing Address 2708 Johnstone Pl

City State Zip Code
Cincinnati OH 45206-1822

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

Name of Employer UC Surgeons Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2007
Transaction ID: DAC40779FAFC60F7981
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dean Livingston Johnston

Mailing Address Suite 212
4106 W Lake Mary Boulevard

City State Zip Code
Lake Mary FL 32746-3315

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 ▼ 300.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 9B6515A86004402B9AC2
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 56
(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)
Christopher Alan Jordan

Mailing Address Suite B
3-3420 Kuhio Highway

City Lihue State HI Zip Code 96766-1042

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 11 / 26 / 2007
Transaction ID: 18D98BD29E93496D8650
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Brian Jay Kaplan

Mailing Address 1200 East Broad Street, McV Statio
PO Box 980011

City Richmond State VA Zip Code 23298-0011

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

Name of Employer Virginia University Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 05 / 2007
Transaction ID: 02B92CADFE494CC49FF3
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Elmer E. Kennel

Mailing Address 3320 Emmaus Road

City Harrisonburg State VA Zip Code 22801

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 11 / 26 / 2007
Transaction ID: 1156503F162C4766A68C
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 56
(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)
Joseph A. Latina

Mailing Address Suite 302
1145 Reservoir Avenue

City Cranston State RI Zip Code 02920-6055

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 11 / 19 / 2007
Transaction ID: 5284DB5681B4490F8494
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Lasalle D. Leffall, Jr.

Mailing Address 2041 Georgia Ave, NW, Ste 4000, Ho
Tower Building

City Washington State DC Zip Code 20060-0001

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

Name of Employer Howard University Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 686A227FD1194FB9A793
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mark Avery Liberman

Mailing Address 6101 Pine Ridge Road, Medical Surg

City Naples State FL Zip Code 34119

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

Name of Employer HMA Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2007
Transaction ID: 8770461D34B840F08F15
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: (check only one)	PAGE 22 / 56
	<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 Thomas Lindsey		Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address Suite 500 4228 Houma Boulevard		Transaction ID: 776DA291B3084FC080CC
	City Metairie	State LA	Zip Code 70006-3000
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date 250.00

B.	Full Name (Last, First, Middle Initial) Norman B. Livermore, III		Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address Suite 206 120 La Casa Viaduct		Transaction ID: A95FDD2CFC274BD2A2D5
	City Walnut Creek	State CA	Zip Code 94598-3067
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date 300.00

C.	Full Name (Last, First, Middle Initial) Horace Lo		Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address N5755 Whitetail Court		Transaction ID: 804A38F03F8E4BE8AFED
	City Green Lake	State WI	Zip Code 54941-8831
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Rogers & Nelson Surgical Assoc.	Occupation Surgeon	Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 56
(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)
Scott E. Maizel

Mailing Address 4021 Twilight Grove Court

City State Zip Code
Ellicott City MD 21042

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

Transaction ID: DC75431E7EB882666B4

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Robert Marohn

Mailing Address 2901 Boston Street
Unit 405

City State Zip Code
Baltimore MD 21224

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

Name of Employer Johns Hopkins Univeristy Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 62C56ABBE78763417B4

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peter Alan Marzek

Mailing Address Suite A-2
1879 Nightingale Lane

City State Zip Code
Tavares FL 32778-4363

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
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 2C0BD001BEFE4DA0BD5D

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 24 / 56
(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)
Peter Arnold Matsuura

Mailing Address Suite 214
670 Ponahawai Street

City State Zip Code
Hilo HI 96720-2660

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: B8F4FDA54E6148679D48

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Todd Alexander Meyerhoefer

Mailing Address 2600 W Tuscarawas Street
Suite 620

City State Zip Code
Canton OH 44708-4676

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: CA0DC4049743445AA335

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Raul Ari Mirande

Mailing Address 2200 Bryant Williams Drive

City State Zip Code
Klamath Falls OR 97601

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
11 / 05 / 2007

Transaction ID: CADD232A29494C5F870A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) William Clifford Mobley		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
Mailing Address Suite 202 3319 Spring Street		Transaction ID: 70FED626A4097D7D384
City Davenport	State Zip Code IA 52807-2125	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Urological Associates, PC	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) Bruce D. Moorstein		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
Mailing Address Suite 430 350 30th Street		Transaction ID: 098E615B385A44DB97D6
City Oakland	State Zip Code CA 94609-3424	
FEC ID number of contributing federal political committee. C		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) ▼		

C.

Full Name (Last, First, Middle Initial) Peter Michael Mowschenson		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
Mailing Address 1180 Beacon Street		Transaction ID: 844299C7931243B0ABE3
City Brookline	State Zip Code MA 02446	
FEC ID number of contributing federal political committee. C		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) ▼		

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 26 / 56
(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)
Antoine S. Munther

Mailing Address 215 Wood Street

City Mansfield State OH Zip Code 44903

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

Name of Employer Richland Surgical Inc. Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 05 / 2007
Transaction ID: EA74DD5559DE422AAAEF
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Gerald E. Murdock, Jr.

Mailing Address 1415 7th Street Suite G

City Mamou State LA Zip Code 70554-2269

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: 11 / 27 / 2007
Transaction ID: 7E51F05CD8DA43139865
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Justin Hung Nguyen

Mailing Address Suite 1100
4205 Belfort Road

City Jacksonville State FL Zip Code 32216-1471

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

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 05 / 2007
Transaction ID: B4948F605587437FBE7D
 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 27 / 56
(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)
Earl M. Norman

Mailing Address 1000 Oakland Drive, Msu / Kcms
Department of General Surgery

City Kalamazoo State MI Zip Code 49008

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

Name of Employer Michigan State University Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 7

Transaction ID: B5E31AAE7A634870ABD8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Earl M. Norman

Mailing Address 1000 Oakland Drive, Msu / Kcms
Department of General Surgery

City Kalamazoo State MI Zip Code 49008

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

Name of Employer Michigan State University Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: D46C1EAD67F4428DADFA

Amount of Each Receipt this Period
350.00

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

Mailing Address Suite 44
3900 Kresge Way

City Louisville State KY Zip Code 40207-4660

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
 1 1 / 0 5 / 2 0 0 7

Transaction ID: 15F86FBB31154E249FE8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 56
(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)
J. Patrick O'Leary

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Mailing Address 2020 Gravier Street, 7th Floor, Ro
Lsu Health Sciences Center

Transaction ID: 60620867696E4DFB903A

City State Zip Code
New Orleans LA 70112

Amount of Each Receipt this Period
250.00

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

Name of Employer Occupation
Florida International University Surgeon

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

B.

Full Name (Last, First, Middle Initial)
James Robert Pacholka

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Mailing Address 8 Larchmont Avenue

Transaction ID: DEE3EB44E5554C38A7C3

City State Zip Code
Larchmont NY 10538

Amount of Each Receipt this Period
250.00

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

Name of Employer Occupation
Self Employed Surgeon

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

C.

Full Name (Last, First, Middle Initial)
Steven Paul Panian

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Mailing Address 2045 Franklin Street

Transaction ID: 542A7DECDFD246A8AA01

City State Zip Code
Denver CO 80205

Amount of Each Receipt this Period
250.00

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

Name of Employer Occupation
Kaiser Surgeon

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

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
James Norman Parrish, Jr.

Mailing Address Suite 201
3311 Prescott Road

City State Zip Code
Alexandria LA 71301-3900

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

Transaction ID: 1EF23533A2D147828903

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Chirag Vipin Patel

Mailing Address 24411 Health Center Drive
Suite 350

City State Zip Code
Laguna Hills CA 92653

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: 0D202A638C944CD3AFE7

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gregory Kenneth Patterson

Mailing Address South Georgia Surgical Associates
PO Box 520

City State Zip Code
Thomasville GA 31799-0520

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: 56EF89D1E5E44E2F90D7

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 30 / 56
(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)
Alphonse Michael Pecoraro, Jr.

Mailing Address 2975 North Tropical Trail

City Merritt Island State FL Zip Code 32953

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

Name of Employer Healthfirst Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2007
Transaction ID: 25E01194A72962A87A0
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Emily Jane Penman

Mailing Address 410 Foulk Road

City Wilmington State DE Zip Code 19803

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 11 / 27 / 2007
Transaction ID: 7E509BAB44F51BF69F4
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Jason Ross Penzer

Mailing Address Apartment 2B
69 West 9th Street

City New York State NY Zip Code 10011-8977

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 ▼ 300.00

Date of Receipt 11 / 19 / 2007
Transaction ID: E307F6449228403A8763
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 56

(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) Anne Elizabeth Petersen		Date of Receipt MM / DD / YYYY 11 / 14 / 2007		
	Mailing Address 1903 Grand Point		Transaction ID: BDC5DE4740EC4CD78F0D		
	City Jefferson City	State MO	Zip Code 65109	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jefferson City Medical Group	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) Vincent Puccia		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address 1818 N 6th Street		Transaction ID: EBD488C24D154C0BA41A		
	City Terre Haute	State IN	Zip Code 47804	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Robert Roland Radcliffe		Date of Receipt MM / DD / YYYY 11 / 14 / 2007		
	Mailing Address 510 E Bloomington Street		Transaction ID: 530567E308314E6FA638		
	City Iowa City	State IA	Zip Code 52245	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Surgical Services, PC	Occupation Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 56
(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)
Thomas L. Raftery

Mailing Address 220-55 46th Avenue

City State Zip Code
Bayside NY 11361

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
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 0609CAB3B0144C5D806A

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Seshadri Raju

Mailing Address Suite 420
1020 River Oaks Drive

City State Zip Code
Jackson MS 39232-9500

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
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 710AE0D1AF154D73A232

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R. Richard Rasmussen

Mailing Address Suite 250
3550 North University Avenue

City State Zip Code
Provo UT 84604-6683

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
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: DC186D81DE7342FCACCA

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 56
(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)
Gurumurthy V. Reddy

Mailing Address 13270 Fieldstone Way

City Gainesville State VA Zip Code 20155-6628

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

Transaction ID: 49FCBB9D30BA278DC07

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Ellis Reeve, III

Mailing Address Suite 302
157 Clinic Avenue

City Carrollton State GA Zip Code 30117-4454

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

Name of Employer Carrollton Surgical Group P.A. 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
1 1 / 2 6 / 2 0 0 7

Transaction ID: 243F054BA9C241B39C5A

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John J. Reinhard, Jr.

Mailing Address Apartment 82
4031 Kennett Pike

City Wilmington State DE Zip Code 19807-2047

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
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: FFFA8EF1431B4FDA8536

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 56
(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)
George S. Richardson

Mailing Address 58 Winter Street

City Nahant State MA Zip Code 01908

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 11 / 14 / 2007

Transaction ID: B7E3A9DDB06F4981B1A8

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Layton Frederick Ridders

Mailing Address 600 Highland Avenue, University of Department of Surgery Room H4/710D

City Madison State WI Zip Code 53792-0001

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

Name of Employer University of Wisconsin-Madison Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2007

Transaction ID: A787AFC2B35646F38473

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Gilberto Robles

Mailing Address 56 Medical Park Drive Suite 303

City Franklin State NC Zip Code 28734

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 11 / 27 / 2007

Transaction ID: 359EA1FA72A52259400

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 56
(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)
Charles B. Rodning

Mailing Address 2451 Fillingim Street

City State Zip Code
Mobile AL 36617

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

Name of Employer University of South Alabama
Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 88A8DDC1878C4CEE3E0

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Rolando Hector Rolandelli

Mailing Address 100 Madison Ave, Morristown Memorial
Department of Surgery

City State Zip Code
Morristown NJ 07962

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

Name of Employer Atlantic Health
Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 20BB15E5C38743F1A616

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Amy Twiford Rose

Mailing Address 3071 Summerhurst Drive

City State Zip Code
Midlothian VA 23113

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

Name of Employer Self Employed
Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Transaction ID: C224EE4B889B45ACBDC8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 56
	<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) Gene S. Rosenberg		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address Suite 719 20 Prospect Avenue		Transaction ID: 2A9AD1B785274AAE8D41		
	City Hackensack	State NJ	Zip Code 07601-1997	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Urology Associates	Occupation Surgeon	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) John L. Rowbotham		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address Box 353		Transaction ID: 481CDA348CEF4ED3BCD3		
	City Franconia	State NH	Zip Code 03580	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Lee Dickinson Rowe		Date of Receipt MM / DD / YYYY 11 / 26 / 2007		
	Mailing Address 2340 E Allegheny Avenue Atkins-Keane Otol Asso		Transaction ID: CF95C0CA3E8A468FAAD4		
	City Philadelphia	State PA	Zip Code 19134-4433	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Atkins_Keane Otol Assn	Occupation Surgeon	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 56
(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)
Beth Ann Ryder

Mailing Address 10 Butler Court

City State Zip Code
Warwick RI 02888

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

Name of Employer University Surgical Associates Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 05 / 2007
Transaction ID: 0BF760C4091D43AC8E86
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Norman Sas

Mailing Address 3220 Fairfield Ave

City State Zip Code
Bronx NY 10463-3240

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: 11 / 19 / 2007
Transaction ID: B8D94638DC1F45CB9082
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Harold S. Schell

Mailing Address 416 Bellevue Avenue

City State Zip Code
Trenton NJ 08618

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: 11 / 14 / 2007
Transaction ID: F48B80D24A1A4E56BE51
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 56
(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)
Thomas A. Schneider

Mailing Address 3716 Runnymede

City State Zip Code
Saint Charles MO 63301

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

Name of Employer Occupation
SSM Health Care Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: D44354B9265D441E8D89

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John H. Shaw

Mailing Address Box 225

City State Zip Code
Manchester ME 04351

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

Name of Employer Occupation
Retired Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: B7CAAC7B43D24A158B4B

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Harry C. Sherman

Mailing Address 1430 Harper Street

City State Zip Code
Augusta GA 30901

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 490498B228BB4A0BD3B

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 39 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) M. Hosein Shokouh-Amiri		Date of Receipt
	Mailing Address 10003 Carlsbad Drive		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Shreveport	LA	71115
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UTMG Medical Group		Occupation Surgeon	Transaction ID: 84DDFFDC2CC141239446
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) David Frederick Smail, Jr.		Date of Receipt
	Mailing Address 10 Proctor Street		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Manchester	MA	01944-1446
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Essex Surgical Associates		Occupation Surgeon	Transaction ID: 70FDDAE75D0E49518FAB
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Christopher W. Soika		Date of Receipt
	Mailing Address Suite 17 1251 Nilles Road		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Fairfield	OH	45014-7206
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Miami Valley Surgical Associates, INC		Occupation Surgeon	Transaction ID: E7BD3F5F68B440E0A9B5
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 56
(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)
Oluseun Akande Sowemimo

Mailing Address 368 W 117th Street
Apt. 1C

City State Zip Code
New York NY 10026

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

Name of Employer Occupation
Shah Associates, MD PA Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: OC11358F70AE42EC918A

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David Lamar Spencer

Mailing Address 2525 Telephone Road

City State Zip Code
Pascagoula MS 39567-1817

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

Name of Employer Occupation
South Miss. Surgeons Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 3A231C773AEB407C9776

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Bryon John Stephens

Mailing Address Suite 304
7900 W Jefferson

City State Zip Code
Fort Wayne IN 46804-4128

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

Name of Employer Occupation
Indiana Surgical Specialists Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Transaction ID: B330999880704C98836F

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 56
	<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) Jeffrey Alan Sternberg		Date of Receipt MM / DD / YYYY 11 / 14 / 2007		
	Mailing Address 235 Francisco Street		Transaction ID: 2312BDBCA48F4E13AA9C		
	City San Francisco	State CA	Zip Code 94133-2011	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	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.	Full Name (Last, First, Middle Initial) Mark Evan Stoker		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address Fallon Clinic 630 Plantation Street		Transaction ID: A1CE053C2F974F56ADE1		
	City Worcester	State MA	Zip Code 01605-2038	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fallon Clinic	Occupation Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Samuel Patrick Stuart, Jr.		Date of Receipt MM / DD / YYYY 11 / 19 / 2007		
	Mailing Address Suite 4 2933 Maplewood Avenue		Transaction ID: 6849B05B9FB0402B84EB		
	City Winston-Salem	State NC	Zip Code 27103-4001	Amount of Each Receipt this Period 450.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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 42 / 56
	<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) Philip Aristides Theodoropoulos	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 1826 Krowka Drive	Transaction ID: C4A3CC447CD04887B5B1
	City State Zip Code Des Plaines IL 60018	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dr. Bogdan Krotcheck Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) William Wagner	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 408 W Goodwin Ave	Transaction ID: BB79D4EB76DB12C9C8B
	City State Zip Code Victoria TX 77901-6426	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Victoria Surgical Associates Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) John Wesley Webb	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address Suite 201 One Mercy Lane	Transaction ID: 3E77943867224AC3B986
	City State Zip Code Hot Springs AR 71913-6442	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Clinic General Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 43 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steven David Wexner

Mailing Address Cleveland Clinic Florida
2950 Cleveland Clinic Boulevard

City State Zip Code
Weston FL 33331-3625

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

Name of Employer Occupation
Cleveland Clinic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 1ED557D1E0446FF8B69

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Richard Harvey Whitten

Mailing Address 116 Belmont Street

City State Zip Code
Worcester MA 01605

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

Name of Employer Occupation
UMASS Memorial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 4E1E89B1876E4304B0C6

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Philip Andrew Woodworth

Mailing Address 5304 Promontory Court

City State Zip Code
Rogers AR 72758

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

Name of Employer Occupation
Hhc 121st General Hospital Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 7B283B542F034C9185D8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 56
(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)
Charles Francis Yeagle, III

Mailing Address Suite F
400 Benedicta Avenue

City State Zip Code
Trinidad CO 81082-2099

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
11 / 05 / 2007

Transaction ID: FB79756744504AE798BB

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mihae Yu

Mailing Address 6th Floor
1356 Lusitana Street

City State Zip Code
Honolulu HI 96813-2421

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: F1E374FFD380489B915F

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Louis Henderson Zbinden, III

Mailing Address Suite 201
1416 E Morehead Street

City State Zip Code
Charlotte NC 28204-2926

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

Name of Employer DILWORTH SURGICAL SPECIALISTS Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 2338C8FB258D4E93AC37

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 56
	(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) Peter William Zimmer		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
Mailing Address 3207 N Academy Boulevard Suite 301		Transaction ID: 20238C0D6BC742ED92B5
City Colorado Springs	State CO	
Zip Code 80917		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Colorado Springs Community Surgeons, P	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Douglas Richard Zusman		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
Mailing Address Suite 200 447 Old Newport Boulevard		Transaction ID: 861ECB8754274B23BC3E
City Newport Beach	State CA	
Zip Code 92663-4257		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	39800.00

**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)

PAGE 46 / 56

<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

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) American Express Mailing Address PO BOX 53582 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Fee to use Amex as Contribution source Candidate Name	Transaction ID: V37180-5919763445854 Date of Disbursement 11 / 05 / 2007 Amount of Each Disbursement this Period 228.38
B. Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 50 South LaSalle Street City Chicago State IL Zip Code 60675 Purpose of Disbursement Fee to use visa mastercard as contribution source Candidate Name	Transaction ID: V37180-5084649920463 Date of Disbursement 11 / 05 / 2007 Amount of Each Disbursement this Period 1185.54

SUBTOTAL of Disbursements This Page (optional) ►

1413.92

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

1413.92

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

A. Full Name (Last, First, Middle Initial) Baird for Congress <hr/> Mailing Address PO Box 5016 <hr/> City Vancouver State WA Zip Code 98668 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Brian Baird <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-1185876727104 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Berkley for Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-2619287371635 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Boren for Congress <hr/> Mailing Address PO Box 1924 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Daniel Boren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-5505945086479 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

Use separate schedule(s)
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Detailed Summary Page

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(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

A. Full Name (Last, First, Middle Initial) Ciro Rodriguez for Congress <hr/> Mailing Address PO Box 14528 <hr/> City San Antonio State TX Zip Code 78214 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Ciro D. Rodriguez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23	Transaction ID: 86222-2859918475151 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens for Harkin <hr/> Mailing Address PO Box 811 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Tom Harkin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 86222-0866815447807 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dave Camp for Congress <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Dave Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: 86222-8476526141166 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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10000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(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

A. Full Name (Last, First, Middle Initial) David Scott for Congress <hr/> Mailing Address PO Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13	Transaction ID: 86222-5941278338432 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2007 Contribution Candidate Name Every Republican Is Crucial (ERICPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 86222-8554651141166 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Freedom Project, The <hr/> Mailing Address 631-B Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2007 Contribution Candidate Name Freedom Project, The <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 86883-2847101092338 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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Detailed Summary Page

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(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>A. Full Name (Last, First, Middle Initial) Friends of Bennie Thompson</p> <p>Mailing Address PO Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Bennie G. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-9680444598198</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza</p> <p>Mailing Address PO Box 2749</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Dennis A. Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-0935479998588</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-0262719988822</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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(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>A. Full Name (Last, First, Middle Initial) Friends of Mary Landrieu Inc</p> <p>Mailing Address 700 13th Street NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Mary L. Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-1914941668510 Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Patrick J. Kennedy Inc.</p> <p>Mailing Address 124 Washington St. Suite 101</p> <p>City Foxboro State MA Zip Code 02035</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Patrick J. Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-4874078631401 Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Glacier PAC</p> <p>Mailing Address 3242 Cummins Way</p> <p>City Missoula State MT Zip Code 59802</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name Glacier 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>Transaction ID: 86222-3509179949760 Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

11500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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

A.	Full Name (Last, First, Middle Initial) Harvest PAC Mailing Address 236 Massachusetts Avenue NE #603 City Washington State DC Zip Code 20002 Purpose of Disbursement 2007 Contribution Candidate Name Harvest PAC 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) ▼ Contribution	Transaction ID: 86222-8066369891166 Date of Disbursement 11 / 05 / 2007 Amount of Each Disbursement this Period 1500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Heath Shuler for Congress Mailing Address PO Box 8446 City Asheville State NC Zip Code 28814 Purpose of Disbursement 2008 Primary Candidate Name Heath Shuler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-0763055682182 Date of Disbursement 11 / 05 / 2007 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Hooley for Congress Mailing Address PO Box 2050 City Salem State OR Zip Code 97308 Purpose of Disbursement 2008 Primary Contribution Candidate Name Darlene Hooley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-4282342791557 Date of Disbursement 11 / 05 / 2007 Amount of Each Disbursement this Period 1500.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

Use separate schedule(s)
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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

A. Full Name (Last, First, Middle Initial) Hulshof for Congress <hr/> Mailing Address PO Box 1621 <hr/> City Columbia State MO Zip Code 65205 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Kenny Hulshof <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-7518884539604 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress <hr/> Mailing Address 1 SE 3rd Avenue Suite 2100 <hr/> City Miami State FL Zip Code 33131 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Kendrick B. Meek <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-8363000750541 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, Inc. <hr/> Mailing Address PO Box 3750 <hr/> City Brentwood State TN Zip Code 37024 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Marsha Blackburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-0601312518119 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A. Full Name (Last, First, Middle Initial) McCrery for Congress Committee <hr/> Mailing Address Post Office Box 52956 <hr/> City Shreveport State LA Zip Code 71135 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Jim McCrery <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04	Transaction ID: 86222-4738427996635 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Our Common Values PAC <hr/> Mailing Address 101 W. Grand Ave. Suite 200 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement 2007 Contribution Candidate Name Our Common Values PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 86222-2244989275932 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	Transaction ID: 86222-9762689471244 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

Use separate schedule(s)
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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

A. Full Name (Last, First, Middle Initial) People for English <hr/> Mailing Address 530 W 6th Street <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Phil English <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-2928583025932 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 823047 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement 2008 Primary Contribution Candidate Name Peter Anderson Sessions <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-0734216570854 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Reed Committee <hr/> Mailing Address PO Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Jack Reed <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86222-0161706805229 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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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

<p>A. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Richard Edmund Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-6929284930229</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address PO Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-1085779070854</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) The Congressman Joe Barton Committee</p> <p>Mailing Address PO Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement 2008 Primary Contribution</p> <p>Candidate Name Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 86222-5982629656791</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	72000.00