

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 04 01 2006 through 04 30 2006

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	X	Y	Y	Y	2	0	0	6		101177.05
X	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	87618.29									
(c) Total Receipts (from Line 19)	50400.00	133061.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138018.29	234238.05								
7. Total Disbursements (from Line 31)	62833.46	159053.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75184.83	75184.83								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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)	38175.00	105400.00
(ii) Unitemized	12225.00	27661.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	50400.00	133061.00
(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)	50400.00	133061.00
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))	50400.00	133061.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50400.00	133061.00

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.....	30833.46	40175.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30833.46	40175.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	32000.00	114862.45
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	4015.12
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))..	62833.46	159053.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62833.46	159053.22

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)	50400.00	133061.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50400.00	133061.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30833.46	40175.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30833.46	40175.65

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

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

FOR LINE NUMBER: PAGE 6 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Naji N. Abumrad

Mailing Address 4400 Belmont Park Terrace

City State Zip Code
Nashville TN 37215-3600

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

Name of Employer Occupation
Vanderbilt Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 08660-92387026548386

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
James M. Balliro

Mailing Address 555 E Broadway

City State Zip Code
Jackson WY 83001-9496

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 08660-53585451841354

Amount of Each Receipt this Period
250.00

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

Mailing Address 251 E Huron Street
Northwestern University Medical Sc

City State Zip Code
Chicago IL 60611-2908

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

Name of Employer Occupation
American Board of Surgery Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 29980-77195376157761

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38

(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)
Balazs Imre Bodai

Mailing Address 1650 Response Road
Suite 3A

City State Zip Code
Sacramento CA 95815-4807

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2006

Transaction ID: 08660-51491945981979

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Charles Dawson Callery

Mailing Address 15725 Pomerado Road
Suite 203

City State Zip Code
Poway CA 92064-2068

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 04 / 07 / 2006

Transaction ID: 37714-14814394712448

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Sally E. Carty

Mailing Address 497 Scaife Hall
University of Pittsburgh, Departme

City State Zip Code
Pittsburgh PA 15261-0001

FEC ID number of contributing federal political committee. C

Name of Employer University of Pittsburgh Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2006

Transaction ID: 08329-15963381528854

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 8 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Alfred Edward Chang		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 1500 E Medical Center Drive University of Michigan Medical Cen		Transaction ID: 29980-49886721372604
City Ann Arbor	State MI	Zip Code 48109-0999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Michigan Medical Center	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) Bard C. Cosman		Date of Receipt MM / DD / YYYY 04 / 26 / 2006
Mailing Address 3350 La Jolla Village Drive #112 E		Transaction ID: 08329-75715273618698
City San Diego	State CA	Zip Code 92161-0002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer U.S. Department of Veterans Affairs	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) George N. Costantino		Date of Receipt MM / DD / YYYY 04 / 26 / 2006
Mailing Address 402 Middletown Boulevard Suite 214		Transaction ID: 08660-17983645200729
City Langhorne	State PA	Zip Code 19047-1818
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	

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 9 / 38
(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

<p>A. Full Name (Last, First, Middle Initial) Merril Taylor Dayton</p> <p>Mailing Address 30 N 1900 E Suite 3-B-312 University of Utah Medical Center</p> <p>City State Zip Code Salt Lake City UT 84132-0006</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Buffalo General Hospital Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2006</p> <p>Transaction ID: 08660-45635622739792</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Edwin Alan Deitch</p> <p>Mailing Address 185 S Orange Avenue University of Medicine and Dentist</p> <p>City State Zip Code Newark NJ 07103-2757</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Medicine and Dentistry o Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006</p> <p>Transaction ID: 30184-92084902524949</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Edward J. Donahue</p> <p>Mailing Address 333 W Thomas Road Suite 203</p> <p>City State Zip Code Phoenix AZ 85013-4417</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2006</p> <p>Transaction ID: 08660-34676760435104</p> <p>Amount of Each Receipt this Period 300.00</p>
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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 10 / 38
(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)
David S. Edelman

Mailing Address 8780 Southwest 92nd Street
Suite 200

City Miami State FL Zip Code 33176-2461

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
04 / 07 / 2006

Transaction ID: 29980-06766909360885

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Scott Arthur Fengler

Mailing Address 6565 S Yale Avenue Suite 902

City Tulsa State OK Zip Code 74136-8310

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

Name of Employer Tulsa Colon and Rectal Surgery Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 29980-34106081724167

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
H. Stephen Fletcher

Mailing Address 1500 Pleasant Valley Way
Suite 302

City West Orange State NJ Zip Code 07052-2956

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
04 / 26 / 2006

Transaction ID: 08329-22002810239792

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 11 / 38
(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 Edward Graper

Mailing Address 832 Northwest 57th Street

City Gainesville State FL Zip Code 32605-6415

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
04 / 26 / 2006

Transaction ID: 08660-58521670103073

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Clint Andrew Hayes

Mailing Address 1014 Memorial Drive Suite 208

City Denison State TX Zip Code 75020-2079

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
04 / 07 / 2006

Transaction ID: 29980-51066225767136

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Julie Hodge, MD

Mailing Address 1440 N Harbor Blvd

City Fullerton State CA Zip Code 92835-4127

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2006

Transaction ID: 94108-24082583189010

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 12 / 38
	<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) Vendie Hudson Hooks, III	Date of Receipt MM / DD / YYYY 04 / 07 / 2006
	Mailing Address 1348 Walton Way Suite 6500	Transaction ID: 30184-67126101255417
	City Augusta State GA Zip Code 30901-5104	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) John Anthony Howington	Date of Receipt MM / DD / YYYY 04 / 26 / 2006
	Mailing Address 231 Albert B Sabin Way University of Cincinnati Medical C	Transaction ID: 08660-61520022153854
	City Cincinnati State OH Zip Code 45267-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Cincinnati Medical Centre Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Hugh Crockett Hyatt	Date of Receipt MM / DD / YYYY 04 / 07 / 2006
	Mailing Address 501 19th Street Truste Tower Suite 501	Transaction ID: 30184-21445864439010
	City Knoxville State TN Zip Code 37916-1854	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	

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 13 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Edward Jacobs

Mailing Address 2215 Randolph Road
Charlotte Plas Surgery Center

City State Zip Code
Charlotte NC 28207-1523

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

Name of Employer Occupation
Charlotte Plastic Surgery Surgeon
Center

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	6

Transaction ID: 08329-74210757017136

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David Clark Jacobsen

Mailing Address 11 Lasalle Road

City State Zip Code
Needham MA 02494-1531

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	6

Transaction ID: 08660-65163820981980

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert Evans Jones

Mailing Address 4700 Waters Avenue
Suite 403

City State Zip Code
Savannah GA 31404-6220

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	6

Transaction ID: 30184-47278994321823

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 14 / 38
(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)
Randeep S. Kahlon

Mailing Address 4745 Stanton Ogletown Road Suite 2
First State Orthopaedics

City Newark State DE Zip Code 19713-1340

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

Name of Employer First State Orthopaedics 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
0	4	/	0	7	/	2	0	0	6

Transaction ID: 30184-68653506040573

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ravindra Reddy Kandula

Mailing Address 2649 Schoenersville Road
Suite 203

City Bethlehem State PA Zip Code 18017-7326

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
0	4	/	0	7	/	2	0	0	6

Transaction ID: 29980-19730776548385

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Roger K. Khouri

Mailing Address 8905 Southwest 87th Avenue Suite 1
Miami Hand Center

City Miami State FL Zip Code 33176-2210

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

Name of Employer Miami Hand 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
0	4	/	0	7	/	2	0	0	6

Transaction ID: 29980-24181765317917

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 38
(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)
David Stevens Knierim

Mailing Address 9300 Valley Childrens Place

City State Zip Code
Madera CA 93638-8761

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

Name of Employer Childrens Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2006

Transaction ID: 08329-32867068052292

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Thomas Christopher Litton

Mailing Address 9329 Medical Plaza Drive

City State Zip Code
Charleston SC 29406-9103

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

Name of Employer Forcounty Surgical Ass. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 30184-74413698911667

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Katherine Yvonne Look

Mailing Address 535 Barnhill Drive
Indiana University, Department of

City State Zip Code
Indianapolis IN 46202-5112

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

Name of Employer Indiana University Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 29980-88726443052292

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 16 / 38
	<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) James W. Maher	Date of Receipt MM / DD / YYYY 04 / 07 / 2006
	Mailing Address Univ of Iowa Hospitals and Clinics Surgery Department Gi Section	Transaction ID: 30184-20330446958542
	City State Zip Code Iowa City IA 52242	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VA Commonwealth U. 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) Scott E. Maizel	Date of Receipt MM / DD / YYYY 04 / 26 / 2006
	Mailing Address 4021 Twilight Grove Court	Transaction ID: 08329-72552126646042
	City State Zip Code Ellicott City MD 21042-5011	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mary E. Maniscalco-Theberge	Date of Receipt MM / DD / YYYY 04 / 07 / 2006
	Mailing Address 6825 16th Street Northwest Chief of Surgery, Walter Reed Army	Transaction ID: 30184-54206484556198
	City State Zip Code Washington DC 20307-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation US Army 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 17 / 38

(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)
E. Hani Mansour

Mailing Address 94 Old Short Hills Road
St. Barnabas Medical Center

City Livingston State NJ Zip Code 07039-5672

FEC ID number of contributing federal political committee. C

Name of Employer St. Barnabas Medical Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 07 / 2006

Transaction ID: 30184-05059450864791

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
William H. Marx

Mailing Address 750 E Adams Street
Department of Surgery Room 8801-B

City Syracuse State NY Zip Code 13210-2306

FEC ID number of contributing federal political committee. C

Name of Employer Syracuse VA Med Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 07 / 2006

Transaction ID: 29980-00585573911666

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 473 W Eaton Avenue

City Tracy State CA Zip Code 95376-3420

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
04 / 07 / 2006

Transaction ID: 30184-97663515806199

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 18 / 38
(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)
Jeffrey Banks Matthews

Mailing Address 231 Albert B. Sabin Way
Univ of Cincinnati College of Medi

City Cincinnati State OH Zip Code 45267-0001

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

Name of Employer University of Chicago Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 37714-13994997739792
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Stephen Daniel McBride

Mailing Address 700 Shadow Lane
Suite 370

City Las Vegas State NV Zip Code 89106-4126

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

Name of Employer General Surgery Associates Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2006
Transaction ID: 08329-16349428892135
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Alan Dalton McClelland

Mailing Address 157 High Street

City Greenfield State MA Zip Code 01301-2614

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

Name of Employer Assoc Surgeons of GFLD Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2006
Transaction ID: 08329-47344607114792
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 38
(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)
Martin Albert Morse

Mailing Address 10132 Colvin Run Road
Suite F

City State Zip Code
Great Falls VA 22066-1840

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
04 / 07 / 2006

Transaction ID: 29980-12221926450729

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Heidi Nelson

Mailing Address 200 1st Street Southwest
Mayo Clinic

City State Zip Code
Rochester MN 55905-0001

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 37714-70353335142136

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
James M. Nottingham

Mailing Address 2 Richland Medical Park Suite 300
Usc Department of Surgery

City State Zip Code
Columbia SC 29203

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

Name of Employer USC Department of Surgery Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2006

Transaction ID: 08329-35667055845260

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 20 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John Warner Oren

Mailing Address 621 Memorial Drive Suite 302
Centennial Medical Square

City State Zip Code
South Bend IN 46601-1073

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

Name of Employer Occupation
General Vascular Surgery Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 30184-34849184751510

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lisa A. Patterson

Mailing Address 1 Wyoming Street Suite 7000
Wright St. University Department o

City State Zip Code
Dayton OH 45409-2722

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

Name of Employer Occupation
Baystate Medical Center Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2006

Transaction ID: 08329-43058413267136

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John Theodore Perry, III

Mailing Address 970 Joe Frank Harris Parkway South
Suite 240

City State Zip Code
Cartersville GA 30120-2159

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

Name of Employer Occupation
Cartersville Surgical Associates Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 30184-57316225767136

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 / 38
(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)
Russell G. Postier

Mailing Address 920 Stanton L Young Boulevard
Univ of Okla Health Science Center

City Oklahoma City State OK Zip Code 73104-5020

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

Name of Employer Oklahoma Health Science Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 29980-83399599790573
 Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Jay Bressler Prystowsky

Mailing Address 201 E Huron Street
Northwestern Universty Medical Sch

City Chicago State IL Zip Code 60611-3197

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

Name of Employer Northwestern University Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 29980-08587282896041
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Troy Michael Reyna

Mailing Address 3121 S Maryland Parkway
Suite 400

City Las Vegas State NV Zip Code 89109-2307

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 04 / 26 / 2006
Transaction ID: 08660-42191714048386
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 38
(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)
William Lawrence Rich, III

Mailing Address 6231 Leesburg Pike
Suite 608

City Falls Church State VA Zip Code 22044-2102

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 29980-59675234556198

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Kerry V. Rifkin

Mailing Address 3815 Eldridge Avenue

City Orange Park State FL Zip Code 32073-2154

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: 30184-38067263364792

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Catherine Ann Ronaghan

Mailing Address 4102 24th Street
Suite 406

City Lubbock State TX Zip Code 79410-1806

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
04 / 07 / 2006

Transaction ID: 30184-80608767271042

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 38

(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)
Valerie W. Rusch

Mailing Address 1275 York Avenue
Memorial Sloan-Kettering Cancer Ce

City State Zip Code
New York NY 10021-6007

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

Name of Employer Occupation
Memorial Sloan Kettering Surgeon
Cancer Center

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 37714-14051455259323

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Surya N. Sankaran

Mailing Address 651 M 55 E

City State Zip Code
Tawas City MI 48763-9238

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 08660-86391848325730

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 502 N 2nd Avenue
Selkirk General Surgery

City State Zip Code
Sandpoint ID 83864-1558

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

Name of Employer Occupation
Selkirk General Surgery Surgeon

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 30184-08179873228073

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 38
(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)
Marshall Z. Schwartz

Mailing Address St. Christopher's Hospital for Chi
Erie Avenue and Front St, Dept of

City Philadelphia State PA Zip Code 19134

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

Name of Employer St. Chistopher's Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2006
Transaction ID: 08660-92763918638230
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Steven Michael Schwartz

Mailing Address 3803 S Bascom Avenue
Suite 102

City Campbell State CA Zip Code 95008-7317

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

Name of Employer San Jose Cardiac Surgery Group Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 29980-89501589536667
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Thomas Michael Shapiro

Mailing Address 650 Lincoln Avenue
San Jose Medical Group

City San Jose State CA Zip Code 95126-3704

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

Name of Employer San Jose Medical Group Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 29980-98334902524949
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 38
(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) Perry Shen		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address Medical Center Boulevard Wake Forest Univ School of Medicin		Transaction ID: 30184-30590456724167
City Winston Salem	State NC	
Zip Code 27157-0001		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Forest Medical School	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) Volker K. H. Sonntag		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 2910 N 3rd Avenue		Transaction ID: 29980-96506899595261
City Phoenix	State AZ	
Zip Code 85013-4434		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	

C.

Full Name (Last, First, Middle Initial) Paul Joseph Stanish		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 9239 Broadway		Transaction ID: 29980-50416201353073
City Merrillville	State IN	
Zip Code 46410-7046		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	

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 26 / 38
(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)
Sidney J. Steinberger

Mailing Address 2708 Crawfis Boulevard

City Akron State OH Zip Code 44333-2850

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 30184-15244692564010
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Robert V. Stephens

Mailing Address 2320 E Marshall Ave

City Phoenix State AZ Zip Code 85016-3117

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2006
Transaction ID: 08329-21722048521042
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
William Charles Sternfeld

Mailing Address 4235 Secor Road
Toledo Clinic Inc

City Toledo State OH Zip Code 43623-4231

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

Name of Employer Toldeo Clinic, Inc Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2006
Transaction ID: 08660-73415774106980
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 38
(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)
Carl Alden Sweatman, Jr.
Mailing Address PO Box 7728

City Columbia State SC Zip Code 29202-7728

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

Name of Employer Surgical Associates of SC Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 04 / 07 / 2006
Transaction ID: 29980-22108095884323
Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Richard Collier Thirlby
Mailing Address 1100 9th Avenue # 900
Mason Clinic, Department of Surger

City Seattle State WA Zip Code 98101-2756

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

Name of Employer Virginia Mason Clinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 26 / 2006
Transaction ID: 08660-82119387388230
Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
Paul Brian Thompson
Mailing Address 1007 Beverly Drive
the Surgical Group

City Rockledge State FL Zip Code 32955-2833

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2006
Transaction ID: 30821-52221316099167
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 / 38

(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)
Glen Herman Tinkoff

Mailing Address 4735 Ogletown Stanton Road
Suite 2121

City State Zip Code
Newark DE 19713-2072

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

Name of Employer Occupation
Christinia 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
0 4 / 2 6 / 2 0 0 6

Transaction ID: 08329-54084414243698

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ramon Villanueva

Mailing Address 604 S Main Street

City State Zip Code
Sweetwater TN 37874-2708

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

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 08660-19118899106979

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
William Alfred Walker

Mailing Address 2015 Randolph Road
Suite 201

City State Zip Code
Charlotte NC 28207-1200

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

Name of Employer Occupation
Self Employed Surgeon

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 29980-32825869321823

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 29 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Edward Walworth

Mailing Address 710 Main Street

City Lewiston State ME Zip Code 04240-5801

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 29980-34743899106979
Amount of Each Receipt this Period 250.00

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

Mailing Address 1875 Dempster Street Suite 280
Parkside Professional Building

City Park Ridge State IL Zip Code 60068-1157

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

Name of Employer Advocate Medical Group Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 30184-13532656431198
Amount of Each Receipt this Period 250.00

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

Mailing Address 2950 Cleveland Clinic Boulevard
Cleveland Clinic Florida

City Weston State FL Zip Code 33331-3609

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

Name of Employer Cleveland Clinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 07 / 2006
Transaction ID: 29980-44396609067917
Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 38
(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) Gary Brian Williams		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 75 Arch Street Suite 405 the Professional Center		Transaction ID: 30184-74651736021042
City Akron	State OH Zip Code 44304-1433	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Michael Fentriss Wilson		Date of Receipt MM / DD / YYYY 04 / 26 / 2006
Mailing Address 150 N River Road Suite 210		Transaction ID: 08660-03081911802291
City Des Plaines	State IL Zip Code 60016-1272	
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) Wayne Hilton Wilson		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 1970 Roanoke Boulevard Va Hospital		Transaction ID: 30184-11083620786666
City Salem	State VA Zip Code 24153-6404	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Va Hospital	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)	▶	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 31 / 38
(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)
W. Douglas Wong

Mailing Address 1275 York Avenue Suite C-1067
Memorial Sloan Kettering Medical C

City State Zip Code
New York NY 10021-6007

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

Name of Employer Sloan Kettering Medical Center Occupation Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 26 / 2006
Transaction ID: 08329-50434511899948
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ihor Andrew Zakaluzny

Mailing Address 317 Pythian Avenue

City State Zip Code
Oakland MD 21550-5111

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 ▼ 275.00

Date of Receipt: 04 / 26 / 2006
Transaction ID: 08329-87910097837449
Amount of Each Receipt this Period: 275.00

C. Full Name (Last, First, Middle Initial)
Michael J. Zinner

Mailing Address 45 Francis Street
Brigham and Women

City State Zip Code
Boston MA 02115-6105

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

Name of Employer Brigham and Woman Occupation Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 04 / 07 / 2006
Transaction ID: 30184-74760073423386
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2525.00

TOTAL This Period (last page this line number only) ► 38175.00

**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 32 / 38

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

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

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 a contribution source Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V60152-9460260272026 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 136.30
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) National Capital Teleserv Mailing Address 300 Fifth Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Fee for PAC Telemarketing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V63485-2096826434135 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
	Amount of Each Disbursement this Period 8542.53
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) National Capital Teleserv Mailing Address 300 Fifth Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Fee for PAC Telemarketing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V63485-4385492205619 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
	Amount of Each Disbursement this Period 8542.53
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	17221.36
TOTAL This Period (last page this line number only) ▶	(Empty)

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 33 / 38

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

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

A. Full Name (Last, First, Middle Initial) National Capital Teleserv Mailing Address 300 Fifth Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Fee for PAC Telemarketing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V12592-7108575701713 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
	Amount of Each Disbursement this Period 13355.62 Category/Type 001
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 and MC as contribution source Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V60152-6181909441947 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
	Amount of Each Disbursement this Period 256.48 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

13612.10

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

30833.46

**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) Friends of Craig Thomas Mailing Address 2780 Olive Dr City Cheyenne State WY Zip Code 82001 Purpose of Disbursement 2006 General Candidate Name Craig Thomas Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23337-1280328631401 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) J D Hayworth for Congress Mailing Address 10789 N 90th Street Suite 102 City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement 2006 General Candidate Name J. D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 08660-5335657000541 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jeb Bradley for Congress Committee Mailing Address 645 South Main Street City Wolfeboro State NH Zip Code 03894 Purpose of Disbursement 2006 General Candidate Name Joseph E. Bradley, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23337-2660638689994 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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 2006 General Candidate Name Jim McCrery <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 08660-8191949725151 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement 2006 General Candidate Name Michael Clifton Burgess <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 08660-9666711688041 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth (PETE PAC) <hr/> Mailing Address 7804 Evening Lane <hr/> City Alexandria State VA Zip Code 22306 <hr/> Purpose of Disbursement 2006 Contribution Candidate Name People for Enterprise Trade and Economic Growth (P-ETE PAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 64290-7025720477104 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Porter for Congress Mailing Address 7840 Red Leaf Drive City Las Vegas State NV Zip Code 89131 Purpose of Disbursement 2006 General Candidate Name Jon Christopher Porter, Sr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 63485-8427392840385 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Price for Congress Mailing Address PO Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement 2006 General Candidate Name Thomas E. Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23337-4482843279838 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ryan for Congress Mailing Address PO Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement 2006 General Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23337-5208246111869 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Schwarz for Congress <hr/> Mailing Address Post Office Box 2063 <hr/> City State Zip Code Battle Creek MI 49016 <hr/> Purpose of Disbursement 2006 General Candidate Name John J. H. Schwarz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 07	Transaction ID: 23337-6776391863823 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Simpson for Congress <hr/> Mailing Address 1487 Parkway Drive <hr/> City State Zip Code Blackfoot ID 83221 <hr/> Purpose of Disbursement 2006 General Candidate Name Michael K. Simpson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 02	Transaction ID: 23337-8444635272026 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sue Kelly for Congress <hr/> Mailing Address 700 White Plains Road Suite 301 <hr/> City State Zip Code Scarsdale NY 10583 <hr/> Purpose of Disbursement 2006 General Candidate Name Sue W. Kelly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19	Transaction ID: 08660-3552820086479 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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) Sue Myrick for Congress Mailing Address PO Box 37091 City Charlotte State NC Zip Code 28237 Purpose of Disbursement 2006 General Candidate Name Sue Wilkins Myrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31690-7931329607963 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Talent for Senate Committee Mailing Address 9467 Dielman Rock Island Drive City Saint Louis State MO Zip Code 63132 Purpose of Disbursement 2006 General Candidate Name James Matthes Talent Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23337-0437738299369 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

32000.00