

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
Ambulatory Surgery Center Political Action Committee

ADDRESS (number and street) 1120 G. Street, NW
Ste. 1000
 Check if different than previously reported. (ACC)
Washington DC 20005-3096

2. **FEC IDENTIFICATION NUMBER** C00387514
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 07 01 2007 through 12 31 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 Margaret E. Tighe
Signature of Treasurer Electronically Filed by Margaret E. Tighe Date 01 07 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Ambulatory Surgery Center Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

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" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</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>	Y	Y	Y	Y	2	0	0	7		16823.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	25464.00									
(c) Total Receipts (from Line 19)	3000.00	11875.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28464.00	28698.40								
7. Total Disbursements (from Line 31)	28464.00	28698.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00								
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
Ambulatory Surgery Center Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

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	2500.00	11375.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2500.00	11375.00
(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)	2500.00	11375.00
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	500.00	500.00
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))	3000.00	11875.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3000.00	11875.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	564.00	564.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	564.00	564.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27900.00	27900.00
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	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	234.40
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))..	28464.00	28698.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28464.00	28698.40

DETAILED SUMMARY PAGE
of Disbursements

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	2500.00	11375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	11375.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	564.00	564.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	564.00	564.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(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)
Ambulatory Surgery Center Political Action Committee

A.

Full Name (Last, First, Middle Initial) Scott Becker		Date of Receipt MM / DD / YYYY 09 / 20 / 2007
Mailing Address 150 N Michigan Ave Ste 2500		Transaction ID: 1199717919265
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mcquire Woods	Occupation Attorney	Check
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) Alan Brill		Date of Receipt MM / DD / YYYY 09 / 20 / 2007
Mailing Address Three Medical Park Suite 120		Transaction ID: 1199718066558
City Columbia	State SC	Zip Code 29203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Info Requested	Occupation Medical Doctor	Check
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) Frederick T. Garner		Date of Receipt MM / DD / YYYY 09 / 20 / 2007
Mailing Address 6 Osprey Pond Ct.		Transaction ID: 1199718251834
City Columbia	State SC	Zip Code 29223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Info Requested	Occupation Info Requested	Check
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 7 / 18	
	(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)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) Edward Woody		Date of Receipt
	Mailing Address 2031 Monterey CT		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Columbia	SC	29206
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Info requested		Occupation Info requested	Transaction ID: 1199718114447
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
			Check

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2500.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 18	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jeff Miller for Congress		Date of Receipt	
	Mailing Address PO Box 126		M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 1199728532587
	Pensacola	FL	32591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	500.00
	Name of Employer		Occupation	Refund
Receipt For: 008" <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)	500.00
TOTAL This Period (last page this line number only)	500.00

**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 9 / 18

<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)

Ambulatory Surgery Center Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Strategic Health Care

Mailing Address 1120 G Street, NW
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement
PAC Administrative personnel costs

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 1199745094616

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

529.00

SUBTOTAL of Disbursements This Page (optional)

529.00

TOTAL This Period (last page this line number only)

529.00

**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 10 / 18

<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)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bob Filner for Congress Mailing Address PO Box 127868 City San Diego State CA Zip Code 92112 Purpose of Disbursement PAC Political Contribution Candidate Name Bob Filner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199722142938 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 500.00 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) Citizens to Elect Rick Larsen Mailing Address PO Box 326 City Everett State WA Zip Code 98206 Purpose of Disbursement PAC Political Contribution Candidate Name Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199721589264 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Clay Jr. for Congress Mailing Address PO Box 4544 Suite 300 City St. Louis State MO Zip Code 63108 Purpose of Disbursement PAC Political Contribution Candidate Name William Lacy Clay Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199717779534 Date of Disbursement 08 / 08 / 2007 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dave Wu for Congress <hr/> Mailing Address 818 SW 3rd Avenue #1182 <hr/> City Portland State OR Zip Code 97205 <hr/> Purpose of Disbursement PAC Political Contribution <hr/> Candidate Name David Wu <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: OR District: 01	Transaction ID: 1199723004509 Date of Disbursement 11 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Dingell for Congress <hr/> Mailing Address 607 14th St., NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement PAC Political Contribution <hr/> Candidate Name John D. Dingell <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: 15	Transaction ID: 1199718383503 Date of Disbursement 11 / 20 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Dingell for Congress <hr/> Mailing Address 607 14th St., NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement PAC Political Contribution <hr/> Candidate Name John D. Dingell <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: 15	Transaction ID: 1199726899847 Date of Disbursement 11 / 26 / 2007 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Max Baucus Mailing Address PO Box 586 City Helena State MT Zip Code 59624 Purpose of Disbursement PAC Political Contribution Candidate Name Max S. Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199718811711 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 2000.00 011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson Mailing Address 1611 Avenue K City Plano State TX Zip Code 75074 Purpose of Disbursement PAC Political Contribution Candidate Name Samuel R. Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199718581029 Date of Disbursement 11 / 23 / 2007 Amount of Each Disbursement this Period 500.00 011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE Mailing Address PO BOX 1000 City DES MOINES State IA Zip Code 50304 Purpose of Disbursement PAC Political Contribution Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199720138458 Date of Disbursement 11 / 26 / 2007 Amount of Each Disbursement this Period 1500.00 011 Category/ Type	

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)

PAGE 13 / 18

<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)
Ambulatory Surgery Center Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Herger for Congress</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement PAC Political Contribution</p> <p>Candidate Name Walter W. Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA 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: 1199725283467</p> <p>Date of Disbursement 11 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Herger for Congress</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement PAC Political Contribution</p> <p>Candidate Name Walter W. Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA 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: 1199720041335</p> <p>Date of Disbursement 11 / 26 / 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) Jeff Miller for Congress</p> <p>Mailing Address PO Box 126</p> <p>City Pensacola State FL Zip Code 32591</p> <p>Purpose of Disbursement PAC Political Contribution</p> <p>Candidate Name Jefferson B. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL 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: 1199745163473</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Ambulatory Surgery Center Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Jeff Miller for Congress</p> <p>Mailing Address PO Box 126</p> <p>City Pensacola State FL Zip Code 32591</p> <p>Purpose of Disbursement PAC Political Contribution</p> <p>Candidate Name Jefferson B. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL 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: 1199724019796</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress</p> <p>Mailing Address 111 NW 183rd Street Suite 325</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement PAC Political Contribution</p> <p>Candidate Name Kendrick Meek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1199719592472</p> <p>Date of Disbursement 08 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Latham for Congress</p> <p>Mailing Address PO Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement PAC Political Contribution</p> <p>Candidate Name Tom Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1199724175073</p> <p>Date of Disbursement 11 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) McCaul for Congress, Inc.	Transaction ID: 1199723662680 Date of Disbursement 11 / 26 / 2007
	Mailing Address 3508 Far West Blvd. Ste 320	Amount of Each Disbursement this Period 500.00
	City Austin State TX Zip Code 78731	
	Purpose of Disbursement PAC Political Contribution	011 Category/ Type
	Candidate Name Michael McCaul	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michaud for Congress	Transaction ID: 1199721989379 Date of Disbursement 11 / 14 / 2007
	Mailing Address 213 Lisbon St.	Amount of Each Disbursement this Period 500.00
	City Lewiston State ME Zip Code 04240	
	Purpose of Disbursement PAC Political Contribution	010 Category/ Type
	Candidate Name Michael Michaud	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 1199717103661 Date of Disbursement 10 / 23 / 2007
	Mailing Address 425 2nd Street SE	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement PAC Political Contribution	011 Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)
Ambulatory Surgery Center Political Action Committee

A. Full Name (Last, First, Middle Initial) Ortiz for Congress Committee <hr/> Mailing Address PO Box 7806 <hr/> City Corpus Christi State TX Zip Code 78467 <hr/> Purpose of Disbursement PAC Political Contribution Candidate Name Solomon Ortiz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199719313026 Date of Disbursement 11 / 29 / 2007
	Amount of Each Disbursement this Period 500.00
	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) Pallone for Congress <hr/> Mailing Address 1187 Ocean Ave. <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement PAC Political Contribution Candidate Name Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199726777569 Date of Disbursement 11 / 13 / 2007
	Amount of Each Disbursement this Period 500.00
	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) Pallone for Congress <hr/> Mailing Address 1187 Ocean Ave. <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement PAC Political Contribution Candidate Name Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199718485969 Date of Disbursement 11 / 20 / 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) Price for Congress	Transaction ID: 1199717169174 Date of Disbursement
	Mailing Address PO Box 425	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City Rosewell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Political Contribution	<input type="text" value="500.00"/>
	Candidate Name Thomas Edmunds Price	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Price for Congress	Transaction ID: 1199724421473 Date of Disbursement
	Mailing Address PO Box 425	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Rosewell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Political Contribution	<input type="text" value="400.00"/>
	Candidate Name Thomas Edmunds Price	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: 1199720433653 Date of Disbursement
	Mailing Address PO Box 5577	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Manhattanville State NY Zip Code 10027	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Political Contribution	<input type="text" value="1500.00"/>
	Candidate Name Charles B. Rangel	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 18 / 18

<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)
Ambulatory Surgery Center Political Action Committee

A.	Full Name (Last, First, Middle Initial) Ron Lewis for Congress <hr/> Mailing Address PO Box 307 <hr/> City Elizabethtown State KY Zip Code 42702 <hr/> Purpose of Disbursement PAC Political Contribution <hr/> Candidate Name Ron Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199719482209 Date of Disbursement 11 / 23 / 2007 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Sanford D. Bishop for Congress <hr/> Mailing Address PO Box 909 <hr/> City Columbus State GA Zip Code 31902 <hr/> Purpose of Disbursement PAC Political Contribution <hr/> Candidate Name Sanford D. Bishop, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199720960281 Date of Disbursement 11 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) The Reyes Committee, Inc. <hr/> Mailing Address 1011 Montana Ave. <hr/> City El Paso State TX Zip Code 79901 <hr/> Purpose of Disbursement PAC Political Contribution <hr/> Candidate Name Silvestre Reyes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1199722775984 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	27900.00