

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 Surgical Hospital Association Political Action Committee

ADDRESS (number and street) 600 S. Cliff Ave. Suite 106 Sioux Falls SD 57104 5355 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00394163 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2004 through 06 30 2004

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 Douglas Johnson Signature of Treasurer Electronically Filed by Douglas Johnson Date 03 02 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Surgical Hospital Association Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	4									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">57778.00</td></tr></table>	57778.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">57778.00</td></tr></table>	57778.00								
57778.00												
57778.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">57778.00</td></tr></table>	57778.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">57778.00</td></tr></table>	57778.00								
57778.00												
57778.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">11272.58</td></tr></table>	11272.58	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">11272.58</td></tr></table>	11272.58								
11272.58												
11272.58												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">46505.42</td></tr></table>	46505.42	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">46505.42</td></tr></table>	46505.42								
46505.42												
46505.42												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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 Surgical Hospital Association Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

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	57228.00	57228.00
(i) Itemized (use Schedule A) .....	550.00	550.00
(ii) Unitemized .....	57778.00	57778.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	57778.00	57778.00
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)) .....	57778.00	57778.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57778.00	57778.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	272.58	272.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	272.58	272.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11272.58	11272.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11272.58	11272.58

**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) .....	57778.00	57778.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57778.00	57778.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	272.58	272.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	272.58	272.58

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Samir Z. Abu-Ghazaleh MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 1000 E. 21st Street		Transaction ID: SA11A1.4212	
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Robert Akins		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 5100 S. Twinleaf Drive		Transaction ID: SA11A1.4202	
City State Zip Code Sioux Falls SD 57108	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Dale R. Anderson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4	
Mailing Address 725 Indiana Street		Transaction ID: SA11A1.4120	
City State Zip Code Rapid City SD 57701	Amount of Each Receipt this Period 1800.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<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 Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Ken D. Augspurger		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 4101 S. Cliff Avenue		Transaction ID: SA11A1.4176	
City State Zip Code Sioux Falls SD 57103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Home Maker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. G. M. Benson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 4600 S. Vista Lane		Transaction ID: SA11A1.4178	
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopedic Institute	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gerald W. Butz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4	
Mailing Address 1805 11th Street		Transaction ID: SA11A1.4134	
City State Zip Code Rapid City SD 57701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Urologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<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 Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James Case		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4
Mailing Address 747 W. Sawgrass Trl.		Transaction ID: SA11A1.4160
City State Zip Code Dakota Dunes SD 57049	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CNOS	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Richard B. Curd		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4
Mailing Address 38 S. Riverview Hts.		Transaction ID: SA11A1.4180
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Bryan D. Den Hartog		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 4
Mailing Address 7745 Cinnamon Ridge Drive		Transaction ID: SA11A1.4107
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Black Hills Ortho & Spine	Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Quentin J. Durward

Mailing Address 1383 Fox Ridge Trail

City State Zip Code  
Sioux City SD 51104

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

Name of Employer  
CNOS

Occupation  
Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2004

Transaction ID: SA11A1.4164

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen G. J. Eckrich, MD

Mailing Address 5511 Shooting Star Trail

City State Zip Code  
Rapid City SD 57702

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

Name of Employer  
Black Hills Ortho & Spine

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 23 / 2004

Transaction ID: SA11A1.4103

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stuart E. Fromm

Mailing Address 3600 Sheridan Lake Rd. #201

City State Zip Code  
Rapid City SD 57702

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

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 23 / 2004

Transaction ID: SA11A1.4109

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 25						
	(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

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Patricia W. Gill		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 4	
Mailing Address 1701 West Blvd.		Transaction ID: SA11A1.4115	
City State Zip Code Rapid City SD 57701	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Mark L. Harlow		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4	
Mailing Address 4813 Carriage Hills Drive		Transaction ID: SA11A1.4126	
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Darlys R. Hofer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 629 W. 9th Street		Transaction ID: SA11A1.4216	
City State Zip Code Sioux Falls SD 57104	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Urology Specialists Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 25
	<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 Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David Hoversten		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 3001 Donahue Drive		<b>Transaction ID:</b> SA11A1.4196	
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dakota Orthopedics	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Richard E. Howard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 215 E. 27th Street		<b>Transaction ID:</b> SA11A1.4200	
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Tom D. Howey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 26220 Mc Hardy Road		<b>Transaction ID:</b> SA11A1.4198	
City State Zip Code Brandon SD 57005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopedic Institute		Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 Surgical Hospital Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. R. Kent Jex

Mailing Address 6600 S. 66th Street

City Lincoln State NE Zip Code 68516-3656

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

Name of Employer Nebraska Heart Institute Occupation Thoracic 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 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.4149

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. E. F. Kalda

Mailing Address 504 Sandpiper Trail

City Sioux Falls State SD Zip Code 57106

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

Name of Employer Surgical Institute of SD Occupation Surgeon - MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 4

Transaction ID: SA11A1.4174

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack J. Kaup

Mailing Address 8580 Kitt Peak Road

City Rapid City State SD Zip Code 57702

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

Name of Employer Black Hills Surgery Ctr Occupation Financial Management

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 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.4139

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Donald H. Knudson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 701 Plum Creek Road		<b>Transaction ID:</b> SA11A1.4192	
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sioux Valley Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas L. Krafka		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4	
Mailing Address 1425 Sammis Trail		<b>Transaction ID:</b> SA11A1.4130	
City State Zip Code Rapid City SD 57702-8710	Amount of Each Receipt this Period 352.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Vicki E. Kraft		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 5928 E. 79th Place		<b>Transaction ID:</b> SA11A1.4156	
City State Zip Code Tulsa OK 74136	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Healthcare Strategic Support	Occupation Healthcare Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1852.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David H. Lang		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 4	
Mailing Address 913 W. Blvd		<b>Transaction ID:</b> SA11A1.4105	
City State Zip Code Rapid City SD 57701	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Black Hills Ortho	Occupation Orthopaedics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Laura J.R. Larsen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 1015 S. Lantana Circle		<b>Transaction ID:</b> SA11A1.4194	
City State Zip Code Sioux Falls SD 57108-2848	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midwest Ear, Nose and Throat	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Peter A. Looby		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 401 W. John Drive		<b>Transaction ID:</b> SA11A1.4204	
City State Zip Code Sioux Falls SD 57108	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopedic Institute	Occupation Orthopedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James MacDougall

Mailing Address 38608 128th Street

City Aberdeen State SD Zip Code 57401

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

Name of Employer Ortho Surgery Specialists Occupation Physician

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 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.4145

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael E. McGowan MD

Mailing Address 2127 S. Minnesota Avenue

City Sioux Falls State SD Zip Code 57105

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

Name of Employer Sioux Falls Foot Surgeon Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 4

Transaction ID: SA11A1.4214

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven J. Meyer

Mailing Address 225 Windflower Bend

City Dakota Dunes State SD Zip Code 57049

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 4

Transaction ID: SA11A1.4162

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Don (Rip) P. Miller II		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address P.O. Box 161507		<b>Transaction ID:</b> SA11A1.4154	
City State Zip Code Austin TX 78176-1507	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Investments		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. J. Randall Mills		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 3615 S. Orange Circle		<b>Transaction ID:</b> SA11A1.4158	
City State Zip Code Broken Arrow OK 74011	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Joe S. Olsen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 27106 Eagle Ridge Place		<b>Transaction ID:</b> SA11A1.4208	
City State Zip Code Harrisburg SD 57032	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Childrens Dental Center	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Lew W. Papendick		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4
Mailing Address 5508 Sunburst Drive		<b>Transaction ID:</b> SA11A1.4128
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 1578.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Black Hills Ortho & Spine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1578.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Gordon Porter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4
Mailing Address		<b>Transaction ID:</b> SA11A1.4170
City State Zip Code	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Thorir Ragnarsson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4
Mailing Address 1375 Fox Ridge Trail		<b>Transaction ID:</b> SA11A1.4168
City State Zip Code Sioux City IA 51104	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CNOS	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3578.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Randall B. Rice

Mailing Address P.O. Box 4447

City State Zip Code  
Durango CO 81302

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

Name of Employer Self Employed Occupation  
Anesthesiologist

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 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.4147

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Ries

Mailing Address 1105 Enchantment Road

City State Zip Code  
Rapid City SD 57701

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

Name of Employer Occupation

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 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.4122

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald A. Schellpfeffer

Mailing Address 4308 Vista Lane

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Anesthesiology Associates Occupation  
Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 4

Transaction ID: SA11A1.4172

Amount of Each Receipt this Period  
3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 25
	(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 Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James J. Scherrer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 4
Mailing Address 24435 Highway 87		Transaction ID: SA11A1.4111
City State Zip Code Hill City SD 57745-1137	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Black Hills Ortho & Spine	Occupation Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Rand L. Schleusener		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 4
Mailing Address 13389 Bone Path		Transaction ID: SA11A1.4113
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. M. Gregory Sesautel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4
Mailing Address 5004 Jasmine Trail		Transaction ID: SA11A1.4210
City State Zip Code Sioux Falls SD 57108	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
R. Setliff

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 23 / 2004

**Transaction ID:** SA11A1.4188

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. C. Franklin Shobe

Mailing Address P.O. Box 8212

City State Zip Code  
Rapid City SD 57709

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  
04 / 16 / 2004

**Transaction ID:** SA11A1.4132

Amount of Each Receipt this Period  
212.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bob Suga MD

Mailing Address 215 E. 21st Street

City State Zip Code  
Sioux Falls SD 57105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Orthopedic Institute Orthopedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
06 / 23 / 2004

**Transaction ID:** SA11A1.4206

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2712.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Larry L. Teuber		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4	
Mailing Address 9701 Clarkson Road		Transaction ID: SA11A1.4124	
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Neurosurgical Spinal Surgery A	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Patrick Tlustos		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4	
Mailing Address 3700 Sheridan Lake Road		Transaction ID: SA11A1.4143	
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 736.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 736.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David R. West		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 4	
Mailing Address 1200 S. Euclid Avenue 104		Transaction ID: SA11A1.4186	
City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ophthalmology Limited	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6736.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 25  
(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
							17

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NAME OF COMMITTEE (In Full)  
American Surgical Hospital Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kirke H. Wheeler

Mailing Address 5000 S. Sweetbriar Drive

City State Zip Code  
Sioux Falls SD 57108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 23 / 2004

**Transaction ID:** SA11A1.4184

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark E. Wheeler

Mailing Address 32788 K22

City State Zip Code  
Sioux City SD 51108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 23 / 2004

**Transaction ID:** SA11A1.4166

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Timothy M. Zoellner

Mailing Address 305 Pennbrook Circle

City State Zip Code  
Sioux Falls SD 57106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Orthopedic Institute Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 23 / 2004

**Transaction ID:** SA11A1.4190

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">57228.00</span>

**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 23 / 25

<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 Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Union Bank of California

Mailing Address P.O. Box 24512

City Oakland State CA Zip Code 94623-1512

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4381

Date of Disbursement

05 / 26 / 2004

Amount of Each Disbursement this Period

127.29

Full Name (Last, First, Middle Initial)

**B.** Union Bank of California

Mailing Address P.O. Box 24512

City Oakland State CA Zip Code 94623-1512

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4382

Date of Disbursement

06 / 30 / 2004

Amount of Each Disbursement this Period

18.00

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

145.29

**TOTAL** This Period (last page this line number only) .....

145.29

**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 24 / 25

<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 Surgical Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. AMERICANS FOR A REPUBLICAN MAJORITY (ARMPAC)</b>		<b>Transaction ID:</b> SB23.4224
Mailing Address 1155 - 21ST STREET NW SUITE 300		Date of Disbursement MM / DD / YYYY 05 / 21 / 2004
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BRAD CARSON FOR SENATE</b>		<b>Transaction ID:</b> SB23.4226
Mailing Address POST OFFICE BOX 1982		Date of Disbursement MM / DD / YYYY 06 / 17 / 2004
City CLAREMORE	State OK	Zip Code 74018
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name BRAD R CARSON		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District: 00		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS FOR HARRY REID</b>		<b>Transaction ID:</b> SB23.4221
Mailing Address PO BOX 85223		Date of Disbursement MM / DD / YYYY 05 / 28 / 2004
City LAS VEGAS	State NV	Zip Code 89185
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name HARRY REID		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NV District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11000.00



Image# 27930178676

Form/Schedule: **F3XA**

Transaction ID:

We gave a \$5000 contribution to the 2004 Primary Brad Carson For U.S. Senate campaign as shown on this report but we are a non-multi candidate committee and the contribution exceeds the \$2000 limit by \$3000. We've noted this error on contacting the candidates campaig committee to request a \$2000 redesignation to the 2004 primary and \$1000 refund. This resdignation and refund will be reflected on our next report.

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