

# 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 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kevin Bethke</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 676 N Saint Clair Street Suite 1525		<b>Transaction ID: 19372-68067568540573</b>
City State Zip Code Chicago IL 60611-2927	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Marilu Bintz</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 610 E Taylor Street		<b>Transaction ID: 19372-60818117856979</b>
City State Zip Code Prairie Du Chien WI 53821-2109	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Gunderson Lutheran	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. John Bivona</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 275 North Street		<b>Transaction ID: 63814-46076601743698</b>
City State Zip Code Newburgh NY 12550-3143	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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