

**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 / 10
	<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) A. Stuart G. Rice		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4	
Mailing Address 2300 Skyline Ranch Road		Transaction ID: SA11A1.4281	
City State Zip Code Rapid City SD 57701	Amount of Each Receipt this Period 1337.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Occupation The Spine Center Neurosurgeon	Aggregate Year-to-Date ▼ 1337.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Reuben III C. Setliff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4	
Mailing Address 401 East 8th Street, Suite 221		Transaction ID: SA11A1.4287	
City State Zip Code Sioux Falls SD 57103	Amount of Each Receipt this Period 451.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Occupation Self Employed Physician	Aggregate Year-to-Date ▼ 451.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tim J. Watt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4	
Mailing Address 4141 5th Street		Transaction ID: SA11A1.4284	
City State Zip Code Rapid City SD 57701	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Occupation Neurosurgical & Spinal Assoc Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2288.00
TOTAL This Period (last page this line number only) ▶	