

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="41815.64"/>	<input type="text" value="41815.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28127.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9275.00"/>	<input type="text" value="77877.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="37402.55"/>	<input type="text" value="119692.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2551.43"/>	<input type="text" value="84841.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34851.12"/>	<input type="text" value="34851.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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 ASSOCIATION PAC (ASCAPAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9275.00	64977.00
(ii) Unitemized	0.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9275.00	65377.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9275.00	70377.00
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	7500.00
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 Transfers (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))..... ▶	9275.00	77877.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9275.00	77877.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	51.43	841.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	51.43	841.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	84000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	2551.43	84841.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2551.43	84841.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	9275.00	70377.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9275.00	70377.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	51.43	841.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51.43	841.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<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)
AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)

Full Name (Last, First, Middle Initial) A. Andersen Eye Surgery		Date of Receipt
Mailing Address PO Box 5885		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Saginaw	MI	48603-0885
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A9D3D15FEF5574447922
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="700.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) B. Tall Grass Surgical Center		Date of Receipt
Mailing Address 6001 SW 6th Ave		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Topeka	KS	66615-1011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A040009C650F84E84A39
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Arnaldo Valedon MD		Date of Receipt
Mailing Address 3420 Benson Ave Ste G200		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Halethorpe	MD	21227
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A136DFF5D3D934860AAE
Name of Employer	Occupation	Amount of Each Receipt this Period
Orthopaedic Associates of Central Mary	Information Requested	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="50.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)

A. West Plains Ambulatory Surgery Center
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Doctor's Drive
 City West Plains State MO Zip Code 65775-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **11 / 05 / 2012**
Transaction ID : A2057786BDC3B45EDA3D
 Amount of Each Receipt this Period **2500.00**

B. Mr. Larry D. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chase Corporate Dr Ste 200
 City Hoover State AL Zip Code 35244-7060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Practice Partners in Healthcare, Inc President & Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 06 / 2012**
Transaction ID : A22488BC1F7924600AE8
 Amount of Each Receipt this Period **1000.00**

C. Mrs. Cindy A. Young, BSN RN CASC
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Parkland Dr
 City Farmington State MO Zip Code 63640-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Surgery Center of Farmington, LLC Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **11 / 16 / 2012**
Transaction ID : A1537FBAA3C4742DD9E9
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional).....	3525.00
TOTAL This Period (last page this line number only).....	9275.00

**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)

<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 ASSOCIATION PAC (ASCAPAC)

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : B1F6E17FDEF3346C2A9D

Amount of Each Disbursement this Period

3.50

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : B941B89D72E8E4632B1C

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

33.50

33.50

**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 ASSOCIATION PAC (ASCAPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF FARR

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement

Candidate Name

Rep. Sam Farr

Office Sought: House
 Senate
 President
State: CA District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : BE075D262FCE0477EBD2

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tommy Thompson for Senate, Inc.

Mailing Address PO Box 620650

City State Zip Code
Middleton WI 53562-0650

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : B35C1A747011B4B7296A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2500.00

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

2500.00