

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Society for Vascular Surgery Political Action Committee

ADDRESS (number and street) 633 N. St. Clair St.  
24th Floor  
Chicago IL 60611

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00381459

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 Year-End 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 (12S)
- 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 / 2017 through 12 / 31 / 2017

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 Slaw, Ken, , ,

Signature of Treasurer Slaw, Ken, , , [Electronically Filed] Date 01 / 31 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Society for Vascular Surgery Political Action Committee**

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="2017"/>		132595.62
(b) Cash on Hand at Beginning of Reporting Period.....	114080.62	
(c) Total Receipts (from Line 19) .....	37080.00	81065.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	151160.62	213660.62
7. Total Disbursements (from Line 31).....	31500.00	94000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119660.62	119660.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**Society for Vascular Surgery Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33745.00	70615.00
(ii) Unitemized .....	3335.00	10450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	37080.00	81065.00
(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) .....	37080.00	81065.00
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 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)).....▶	37080.00	81065.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37080.00	81065.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	94000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	31500.00	94000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31500.00	94000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	37080.00	81065.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37080.00	81065.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Adelman, Mark, A, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 1st Ave  
 Suite 6F  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Vascular Assocs Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.9502**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Arthurs, Zachary, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6720 A Rockledge Drive  
 Suite 100  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Jackson Foundation Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : SA11AI.9429**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Ascher, Enrico, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 55th Street  
 City Brooklyn State NY Zip Code 11220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYCOME/Lutheran Medical Center Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11AI.9545**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Aulivola, Bernadette, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2160 South First Ave.  
 City Maywood State IL Zip Code 60153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Loyola University Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11AI.9462**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Belkin, Michael, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Francis Street Div. Vas. Surgery  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.9444**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Berland, Todd, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 1st Ave Suite 6F  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Vascular Assocs Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.9508**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Bernik, Thomas, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 Fairway Ter.

City Norwood	State NJ	Zip Code 07648
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Private Practice	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2017

**Transaction ID : SA11AI.9460**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Buchbinder, Dale, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5601 Loch Raven Blvd Suite 412B

City Baltimore	State MD	Zip Code 21239
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Good Samaritan Hospital	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2017

**Transaction ID : SA11AI.9474**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Buchbinder, Dale, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5601 Loch Raven Blvd Suite 412B

City Baltimore	State MD	Zip Code 21239
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Good Samaritan Hospital	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11AI.9554**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Calligaro, Keith, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Spruce Street  
Suite 101

City Philadelphia State PA Zip Code 19106

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

Name of Employer (for Individual) Pennsylvania Hospital Occupation (for Individual) Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11AI.9436**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Cayne, Neal, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 1st Ave  
Suite 6F

City New York State NY Zip Code 10016

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

Name of Employer (for Individual) NYU Vascular Assoc Occupation (for Individual) vascular surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.9504**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Clair, Daniel, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave.  
Desk H-32

City Cleveland State OH Zip Code 44195

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

Name of Employer (for Individual) Cleveland Clinic Fdn. Occupation (for Individual) vascular surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : SA11AI.9425**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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: (check only one)	PAGE 10 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Clouse, William, D, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4860 Y Street  
 Suite 3400  
 City Sacramento State CA Zip Code 95817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC Davis Vascular Center Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.9539**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Coleman, Dawn, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 E. Medical Center Drive  
 City Ann Arbor State MI Zip Code 48109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ. of Michigan Vasc Surg Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11AI.9527**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dall'Olmo, Carlo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 W. Bristol Road  
 City Flint State MI Zip Code 48507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michigan Vascular Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2017  
**Transaction ID : SA11AI.9448**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Dalman, Ronald, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 395 Cervantes Road  
City Portola Valley State CA Zip Code 94028

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

Name of Employer (for Individual) Stanford University Med Ctr Occupation (for Individual) Vascular surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 06 / 2017**  
**Transaction ID : SA11AI.9538**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. De Martino, Randall, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 First Street, SW  
City Rochester State MN Zip Code 55905

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

Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) vascular surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt **07 / 02 / 2017**  
**Transaction ID : SA11AI.9411**

Amount of Each Receipt this Period 90.00

Memo Item

**C. De Martino, Randall, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 First Street, SW  
City Rochester State MN Zip Code 55905

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

Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) vascular surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 02 / 2017**  
**Transaction ID : SA11AI.9439**

Amount of Each Receipt this Period 90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1180.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. De Martino, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 First Street, SW  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11AI.9464**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. De Martino, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 First Street, SW  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : SA11AI.9483**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. De Martino, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 First Street, SW  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11AI.9512**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. De Martino, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 First Street, SW  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : SA11AI.9531**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. De Natale, Ralph, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 280 State Street  
 City North Haven State CT Zip Code 06473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Connecticut Vascular Center Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.9537**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Eagleton, Mathew, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2671 Cranlyn Road  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Cleveland Clinic Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.9443**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Eagleton, Mathew, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2671 Cranlyn Road

City Shaker Heights	State OH	Zip Code 44122
------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

**Transaction ID : SA11AI.9449**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Eldrup-Jorgensen, Jens, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 887 Congress Street  
Suite 400

City Portland	State ME	Zip Code 04102
------------------	-------------	-------------------

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

Name of Employer (for Individual) Maine Med Partners Surg Care	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2017

**Transaction ID : SA11AI.9481**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Eruchalu, Obinna, N., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1928 Randolph Rd.

City Charlotte	State NC	Zip Code 28207
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Metrolina Surgical Specialists	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

**Transaction ID : SA11AI.9559**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2085.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Fairman, Ronald, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 Spruce

City Philadelphia	State PA	Zip Code 19104
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hospital of the Univ. of PA	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11AI.9506**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Faizer, Rumi, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1022 Queen Ave Drive

City Columbia	State MO	Zip Code 65212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Missouri	Occupation (for Individual) Vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2017

**Transaction ID : SA11AI.9467**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Feezor, Robert, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 SW Archer Road  
NG-51

City Gainesville	State FL	Zip Code 32610
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Florida Vascular	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

**Transaction ID : SA11AI.9477**

Amount of Each Receipt this Period  
250.00

Memo Item

<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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Goltz, Christopher, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5020 W. Bristol Road

City Flint	State MI	Zip Code 48507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michigan Vascular Center	Occupation (for Individual) vascular surgeon
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

**Transaction ID : SA11AI.9478**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Hingorani, Anil, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4802 10th Ave, Admin Building

City Brooklyn	State NY	Zip Code 11219
------------------	-------------	-------------------

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

Name of Employer (for Individual) Maimonides Medical Center	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2017

**Transaction ID : SA11AI.9489**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Hodgson, Kim, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 19638

City Springfield	State IL	Zip Code 62794
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SIU School of Medicine	Occupation (for Individual) vascular surgeon
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

**Transaction ID : SA11AI.9526**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Jacobowitz, Glenn, R, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 1st Ave  
 suite 6F  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Vascular Assocs Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.9499**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kabnick, Lowell, S, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 1st Ave  
 Suite 6F  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Vascular Assocs Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.9501**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kraiss, Larry, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 N. 1900th  
 City Salt Lake City State UT Zip Code 84132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ. of Utah Medical Center Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : SA11AI.9420**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**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: (check only one)	PAGE 18 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Kraiss, Larry, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2017

**Transaction ID : SA11AI.9423**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Kraiss, Larry, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2017

**Transaction ID : SA11AI.9451**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Kraiss, Larry, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2017

**Transaction ID : SA11AI.9454**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Kraiss, Larry, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

**Transaction ID : SA11AI.9473**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Kraiss, Larry, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

**Transaction ID : SA11AI.9496**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Kraiss, Larry, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2017

**Transaction ID : SA11AI.9525**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 20 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Kraiss, Larry, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11AI.9552**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Kresowik, Timothy, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 Galway Drive

City Iowa City	State IA	Zip Code 52246
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2017

**Transaction ID : SA11AI.9421**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Kresowik, Timothy, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 Galway Drive

City Iowa City	State IA	Zip Code 52246
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2017

**Transaction ID : SA11AI.9452**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> 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: (check only one)	PAGE 21 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Kresowik, Timothy, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 Galway Drive

City Iowa City	State IA	Zip Code 52246
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

**Transaction ID : SA11AI.9472**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Kresowik, Timothy, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 Galway Drive

City Iowa City	State IA	Zip Code 52246
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2017

**Transaction ID : SA11AI.9495**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Kresowik, Timothy, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 Galway Drive

City Iowa City	State IA	Zip Code 52246
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Iowa	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2017

**Transaction ID : SA11AI.9524**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<b>TOTAL</b> 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: (check only one)	PAGE 22 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Kresowik, Timothy, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 Galway Drive  
 City Iowa City State IA Zip Code 52246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11AI.9551**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Lamparello, Patrick, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 First Street Suite 6F  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.9505**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Lawrence, Peter, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10380 Wilshire Blvd. Apt. 1501  
 City Los Angeles State CA Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Private Practice Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : SA11AI.9414**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	685.00
<b>TOTAL</b> 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: (check only one)	PAGE 23 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Lawrence, Peter, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10380 Wilshire Blvd.  
Apt. 1501

City Los Angeles	State CA	Zip Code 90024
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Private Practice	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2017

**Transaction ID : SA11AI.9441**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Lawrence, Peter, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10380 Wilshire Blvd.  
Apt. 1501

City Los Angeles	State CA	Zip Code 90024
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Private Practice	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2017

**Transaction ID : SA11AI.9469**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Lawrence, Peter, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10380 Wilshire Blvd.  
Apt. 1501

City Los Angeles	State CA	Zip Code 90024
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Private Practice	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2017

**Transaction ID : SA11AI.9491**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 24 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Lawrence, Peter, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10380 Wilshire Blvd.  
 Apt. 1501  
 City Los Angeles State CA Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Private Practice Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 07 / 2017  
**Transaction ID : SA11AI.9517**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Lawrence, Peter, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10380 Wilshire Blvd.  
 Apt. 1501  
 City Los Angeles State CA Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Private Practice Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11AI.9542**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Lee, Cheong, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2760 Norman Drive  
 City Brookfield State WI Zip Code 53045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.9536**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 25 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Lugo, Joanelle, Z., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 E. 23th Street

City New York	State NY	Zip Code 10010
------------------	-------------	-------------------

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

Name of Employer (for Individual) Lenox Hill Hospital	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11AI.9500**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Lyden, Sean, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8412 Windsor Way

City Broadview Heights	State OH	Zip Code 44147
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2017

**Transaction ID : SA11AI.9419**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Lyden, Sean, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8412 Windsor Way

City Broadview Heights	State OH	Zip Code 44147
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

**Transaction ID : SA11AI.9450**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	670.00
<b>TOTAL</b> 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: (check only one)	PAGE 26 OF 45
	<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

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)  
**Society for Vascular Surgery Political Action Committee**

**A. Lyden, Sean, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8412 Windsor Way

City Broadview Heights	State OH	Zip Code 44147
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2017

**Transaction ID : SA11AI.9484**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Lyden, Sean, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8412 Windsor Way

City Broadview Heights	State OH	Zip Code 44147
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11AI.9494**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Lyden, Sean, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8412 Windsor Way

City Broadview Heights	State OH	Zip Code 44147
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

**Transaction ID : SA11AI.9523**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> 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: (check only one)	PAGE 27 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Makaroun, Michael, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3110 MacCorkle Ave.

City Pittsburgh	State PA	Zip Code 15213
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Pittsburgh	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11AI.9510**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Maldonado, Thomas, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 1st Ave  
Suite 6F

City New York	State NY	Zip Code 10016
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYU Vascular Assocs.	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11AI.9507**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Mallon, Lawrence, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1316 Mercy Drive

City Muskegon	State MI	Zip Code 49444
------------------	-------------	-------------------

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

Name of Employer (for Individual) Muskegon Surgical Assocs.	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

**Transaction ID : SA11AI.9534**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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: (check only one)	PAGE 28 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Money, Samuel, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5777 E. Mayo Road

City Phoenix	State AZ	Zip Code 85054
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

**Transaction ID : SA11AI.9487**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Nolte, Ryan , , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7515 Walnut Bend Drive

City Peoria	State IL	Zip Code 61614
----------------	-------------	-------------------

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

Name of Employer (for Individual) OSF Medical Specialty Group	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2017

**Transaction ID : SA11AI.9515**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Patterson, Robert, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Silver Spring Street

City Providence	State RI	Zip Code 02888
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Providence Surgical Care Grp	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2017

**Transaction ID : SA11AI.9468**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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: (check only one)	PAGE 29 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Patterson, Robert, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Silver Spring Street

City Providence	State RI	Zip Code 02888
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Providence Surgical Care Grp	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2017

**Transaction ID : SA11AI.9490**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Patterson, Robert, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Silver Spring Street

City Providence	State RI	Zip Code 02888
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Providence Surgical Care Grp	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

**Transaction ID : SA11AI.9518**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Patterson, Robert, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Silver Spring Street

City Providence	State RI	Zip Code 02888
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Providence Surgical Care Grp	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

**Transaction ID : SA11AI.9540**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 30 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Pomposelli, Frank, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Francis Street

City Boston	State MA	Zip Code 02215
----------------	-------------	-------------------

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

Name of Employer (for Individual) Beth-Israel Deaconess Med. Ctr	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2017

**Transaction ID : SA11AI.9480**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Pomposelli, Frank, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Francis Street

City Boston	State MA	Zip Code 02215
----------------	-------------	-------------------

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

Name of Employer (for Individual) Beth-Israel Deaconess Med. Ctr	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2017

**Transaction ID : SA11AI.9511**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Pomposelli, Frank, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Francis Street

City Boston	State MA	Zip Code 02215
----------------	-------------	-------------------

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

Name of Employer (for Individual) Beth-Israel Deaconess Med. Ctr	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2017

**Transaction ID : SA11AI.9530**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 31 OF 45
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Society for Vascular Surgery Political Action Committee**

**A. Quan, Reagan, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9040-A Fitzsimmons Ave

City Tacoma	State WA	Zip Code 98431
----------------	-------------	-------------------

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

Name of Employer (for Individual) Madigan Army Medical Center	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2017

**Transaction ID : SA11AI.9567**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Rajani, Ravi, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 Jesse Hill Jr. Drive

City Atlanta	State GA	Zip Code 30303
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Emory University	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11AI.9485**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Risley, Geoffrey, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1824 King Street  
Suite 200

City Jacksonville	State FL	Zip Code 32204
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Cardiothoracic & Vascular Ascs	Occupation (for Individual) Vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11AI.9563**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 32 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Rockman, Caron, B, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 1st Ave  
Suite 6F

City New York State NY Zip Code 10016

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

Name of Employer (for Individual) NYU Vascular Assocs Occupation (for Individual) vascular surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 23 / 2017  
Transaction ID : SA11AI.9497

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Roddy, Sean, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 New Scotland Ave

City Albany State NY Zip Code 12208

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

Name of Employer (for Individual) The Vascular Group, PLLC Occupation (for Individual) Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 24 / 2017  
Transaction ID : SA11AI.9459

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Sadek, Mikel, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 435 E. 70th Street  
Suite 14L

City New York State NY Zip Code 10021

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

Name of Employer (for Individual) NYU School of Medicine Occupation (for Individual) vascular surgeon

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 23 / 2017  
Transaction ID : SA11AI.9503

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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: (check only one)	PAGE 33 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Sarac, Timur, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave.  
Desk F30

City Cleveland	State OH	Zip Code 44195
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic Foundation	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11AI.9553**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Schermerhome, Marc, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Francis Street  
Suite 5B

City Boston	State MA	Zip Code 02215
----------------	-------------	-------------------

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

Name of Employer (for Individual) Beth Israel Deaconess Med Ctr	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2017

**Transaction ID : SA11AI.9440**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Seabrook, Gary, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9200 W. Wisconsin

City Milwaukee	State WI	Zip Code 53326
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2017

**Transaction ID : SA11AI.9566**

Amount of Each Receipt this Period  
1000.00

Memo Item

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Shortell, Cynthia, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address DUMC 3538  
 City Durham State NC Zip Code 27710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUKE University Medical Ctr Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 21 / 2017**  
**Transaction ID : SA11AI.9424**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Sidawy, Anton, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Irving Street NW Suite 2A155  
 City Washington State DC Zip Code 20422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington Hospital Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 29 / 2017**  
**Transaction ID : SA11AI.9564**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Smolock, Christopher, John, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 Euclid Ave  
 City Cleveland State OH Zip Code 44195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Cleveland Clinic Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **07 / 12 / 2017**  
**Transaction ID : SA11AI.9415**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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: (check only one)	PAGE 35 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Smolock, Christopher, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave

City Cleveland	State OH	Zip Code 44195
-------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2017

**Transaction ID : SA11AI.9445**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Smolock, Christopher, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave

City Cleveland	State OH	Zip Code 44195
-------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2017

**Transaction ID : SA11AI.9471**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Smolock, Christopher, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave

City Cleveland	State OH	Zip Code 44195
-------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2017

**Transaction ID : SA11AI.9493**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 36 OF 45
<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Smolock, Christopher, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave

City Cleveland	State OH	Zip Code 44195
-------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

**Transaction ID : SA11AI.9520**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Smolock, Christopher, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9500 Euclid Ave

City Cleveland	State OH	Zip Code 44195
-------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11AI.9544**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Srivastava, Sunita, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2671 Cranlyn Road

City Shaker Heights	State OH	Zip Code 44122
------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) Vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2017

**Transaction ID : SA11AI.9470**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 37 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Srivastava, Sunita, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2671 Cranlyn Road

City Shaker Heights	State OH	Zip Code 44122
------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Cleveland Clinic	Occupation (for Individual) Vascular surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11AI.9543**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Tamez, Daniel, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6800 Park Ten Blvd

City San Antonio	State TX	Zip Code 78213
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Peripheral Vascular Assocs.	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2017

**Transaction ID : SA11AI.9532**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Tyagi, Sam, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Rose Court  
Suite C212

City Lexington	State KY	Zip Code 40536
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Kentucky	Occupation (for Individual) vascular surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

**Transaction ID : SA11AI.9475**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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: (check only one)	PAGE 38 OF 45
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. Veith, Frank, J, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 1st Ave  
 Suite 6F  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Vascular Assocs Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.9498**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Vladimir, Felix, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2711 Henry Road  
 City Tacoma State WA Zip Code 98403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Private Practice - Self Occupation (for Individual) vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11AI.9519**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wadzinski, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 977 Sheridan Circle  
 City Naperville State IL Zip Code 60563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SVS PSO Occupation (for Individual) Society Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11AI.9416**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**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 39 OF 45  
(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)  
**Society for Vascular Surgery Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weaver, Fred, , Dr.,

Mailing Address 1510 San Pardo

City Los Angeles	State CA	Zip Code 90033
---------------------	-------------	-------------------

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

Name of Employer (for Individual) USC	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		29		2017

**Transaction ID : SA11AI.9529**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	33745.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)  
**Society for Vascular Surgery Political Action Committee**

**A. BERA, AMERISH, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 07

Date of Disbursement: 10 / 06 / 2017

FEC Identification Number: C H0CA03078

Transaction ID : SB23.9587

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. BROWN, SHERROD, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 37905 HERON LN

City AVON LAKE State OH Zip Code 44011

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 00

Date of Disbursement: 10 / 19 / 2017

FEC Identification Number: C S6OH00163

Transaction ID : SB23.9588

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. CARDIN, BENJAMIN L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MD District: 03

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C S6MD03177

Transaction ID : SB23.9591

Amount of Each Disbursement this Period: 1500.00

Memo Item

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

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

5000.00



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CASEY, ROBERT P JR, , ,**

Mailing Address PO BOX 58746

City  
PHILADELPHIA

State  
PA

Zip Code  
19102

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	7

FEC Identification Number

**C** S6PA00217

**Transaction ID : SB23.9578**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CASSIDY, WILLIAM, , ,**

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: LA District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
	1		2	1		2	0	1	7

FEC Identification Number

**C** S4LA00107

**Transaction ID : SB23.9592**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CRIST, CHARLIE JOSEPH, , ,**

Mailing Address PO BOX 1547

City  
ST. PETERSBURG

State  
FL

Zip Code  
33731

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
	0		7	2		2	0	1	7

FEC Identification Number

**C** H6FL13205

**Transaction ID : SB23.9572**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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)  
**Society for Vascular Surgery Political Action Committee**

**A. KAINE, TIMOTHY MICHAEL, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12307

City RICHMOND State VA Zip Code 23241

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: VA District: 00

Date of Disbursement: 09 / 21 / 2017

FEC Identification Number: C S2VA00142

Transaction ID : SB23.9581

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. LANCE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NJ District: 07

Date of Disbursement: 07 / 21 / 2017

FEC Identification Number: C C00444224

Transaction ID : SB23.9571

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. LUJAN, BEN R MR., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 05 ENTRADA CELEDON Y NESTORA

City SANTA FE State NM Zip Code 87506

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NM District: 03

Date of Disbursement: 10 / 06 / 2017

FEC Identification Number: C H8NM03196

Transaction ID : SB23.9585

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

**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"/> 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)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MALONEY, SEAN PATRICK, , ,**

Mailing Address PO BOX 270

City  
NEWBURGH

State  
NY

Zip Code  
12551

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	7		2	0	1	7		

FEC Identification Number

**C** H2NY22139

**Transaction ID : SB23.9590**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MORRISEY, PATRICK MR, , ,**

Mailing Address PO BOX 1005

City  
CHARLESTOWN

State  
WV

Zip Code  
25414

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	6		2	0	1	7		

FEC Identification Number

**C** S8WV00143

**Transaction ID : SB23.9583**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER, BRADLEY SCOTT, , ,**

Mailing Address PO BOX 1318

City  
DEERFIELD

State  
IL

Zip Code  
60015

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	7		2	0	1	7		

FEC Identification Number

**C** H2IL10068

**Transaction ID : SB23.9576**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6500.00

**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"/> 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)  
**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SESSIONS, PETE, , ,**

Mailing Address PO BOX 823047

City  
DALLAS

State  
TX

Zip Code  
75382

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	7

FEC Identification Number

**C** H2TX03126

**Transaction ID : SB23.9575**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW, DEBBIE, , ,**

Mailing Address 7143 STEEPLE CHASE

City  
LANSING

State  
MI

Zip Code  
48917

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	7

FEC Identification Number

**C** S8MI00281

**Transaction ID : SB23.9580**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAKANO, MARK, , ,**

Mailing Address PO BOX 5214

City  
RIVERSIDE

State  
CA

Zip Code  
92517

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	7

FEC Identification Number

**C** H2CA43245

**Transaction ID : SB23.9582**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

**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"/> 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)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TONKO, PAUL DAVID, , ,**

Mailing Address 911 CENTRAL AVENUE #221

City  
ALBANY

State  
NY

Zip Code  
12206

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2017					

FEC Identification Number

**C** H8NY21203

**Transaction ID : SB23.9589**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. WENSTRUP, BRAD DR., , ,**

Mailing Address 512 MISSOURI AVENUE

City  
CINCINNATI

State  
OH

Zip Code  
45226

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 02

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
07			21			2017					

FEC Identification Number

**C** H2OH02085

**Transaction ID : SB23.9574**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. WENSTRUP, BRAD DR., , ,**

Mailing Address 512 MISSOURI AVENUE

City  
CINCINNATI

State  
OH

Zip Code  
45226

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 02

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			14			2017					

FEC Identification Number

**C** H2OH02085

**Transaction ID : SB23.9593**

Amount of Each Disbursement this Period

2000.00
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Memo Item

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

31500.00
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