

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 88

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jason D. Cohen

Mailing Address Suite 201  
776 Shrewsbury Avenue

City Tinton Falls State NJ Zip Code 07724-3006

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2008

**Transaction ID:** 91405bc0f23d4cc1865e

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul E. Collicott

Mailing Address 633 North Saint Clair Street, Dire  
American College of Surgeons

City Chicago State IL Zip Code 60611-3211

FEC ID number of contributing federal political committee. C

Name of Employer American College of Surgeons Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2008

**Transaction ID:** e4b2e229b54d47d4aa6c

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen B. Colvin

Mailing Address 530 1st Ave, Suite 9V  
Nyu Medical Center

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. C

Name of Employer New York University Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2008

**Transaction ID:** b25b64ba8cb64af3a58e

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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