

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.

Check if different than previously reported. (ACC) 24th Floor

Chicago IL 60611

2. **FEC IDENTIFICATION NUMBER ▼** C00381459 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2021 through 06 / 30 / 2021

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 07 / 30 / 2021

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="2021"/>	<input type="text" value="222732.62"/>	<input type="text" value="222732.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="222732.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="41228.00"/>	<input type="text" value="41228.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="263960.62"/>	<input type="text" value="263960.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="41000.00"/>	<input type="text" value="41000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="222960.62"/>	<input type="text" value="222960.62"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Society for Vascular Surgery Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35956.00	35956.00
(ii) Unitemized	5272.00	5272.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	41228.00	41228.00
(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)	41228.00	41228.00
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)).....▶	41228.00	41228.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	41228.00	41228.00

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.....	41000.00	41000.00
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)) ..	41000.00	41000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41000.00	41000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41228.00	41228.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41228.00	41228.00
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: PAGE 6 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Aiello, Francesco, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 East 69th Street
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornell and Columbia 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
 02 / 12 / 2021
Transaction ID : SA11AI.11020
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Aranson, Nathan, Jacob, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Moody Street
 City Portland State ME Zip Code 04101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maine Medical Center 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
 05 / 21 / 2021
Transaction ID : SA11AI.11125
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2021
Transaction ID : SA11AI.10984
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 7 OF 52
<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. Balar, Nilesh, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3175 E. Tremont Ave.

City Bronx	State NY	Zip Code 10461
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) East Tremont Vascular Health	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
04	/	15	/	2021

Transaction ID : SA11AI.11083

Amount of Each Receipt this Period
1000.00

Memo Item

B. Barleben, Andrew, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9434 Medical Center Dr

City La Jolla	State CA	Zip Code 92037
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC San Diego Med Ctr	Occupation (for Individual) vascular surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2021

Transaction ID : SA11AI.11023

Amount of Each Receipt this Period
86.00

Memo Item

C. Barleben, Andrew, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9434 Medical Center Dr

City La Jolla	State CA	Zip Code 92037
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC San Diego Med Ctr	Occupation (for Individual) vascular surgeon
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
352.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2021

Transaction ID : SA11AI.11057

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1176.00
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 8 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barleben, Andrew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9434 Medical Center Dr
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC San Diego Med Ctr Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021
Transaction ID : SA11AI.11084
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Barleben, Andrew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9434 Medical Center Dr
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC San Diego Med Ctr Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2021
Transaction ID : SA11AI.11127
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Barleben, Andrew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9434 Medical Center Dr
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC San Diego Med Ctr Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 622.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2021
Transaction ID : SA11AI.11158
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
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 9 OF 52
	<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. Brothers, Thomas, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1370 Eden Road

City Awendaw	State SC	Zip Code 29429
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MUSC	Occupation (for Individual) vascular surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2021

Transaction ID : SA11AI.11159

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 525 E 68th Street

City New York	State NY	Zip Code 10065
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Weill Cornell Medical 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	/	D D	/	Y Y Y Y
06		04		2021

Transaction ID : SA11AI.11160

Amount of Each Receipt this Period
250.00

Memo Item

C. Curi, Michael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22. S. Greene Street

City Baltimore	State MD	Zip Code 21201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of MD Med School	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	/	D D	/	Y Y Y Y
04		04		2021

Transaction ID : SA11AI.11086

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 52
<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. Dalsing, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 N. Senate Blvd

City Indianapolis	State IN	Zip Code 46202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana University Med School	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2021

Transaction ID : SA11AI.10988

Amount of Each Receipt this Period
1200.00

Memo Item

B. Darling, R., Clement, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Park Edge Lane

City Delmar	State NY	Zip Code 12054
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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 ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2021

Transaction ID : SA11AI.11161

Amount of Each Receipt this Period
500.00

Memo Item

C. Dua, Anahita, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Rolling Meadow Drive

City Brookfield	State WI	Zip Code 53045
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Hospital	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
05	/	20	/	2021

Transaction ID : SA11AI.11130

Amount of Each Receipt this Period
50.00

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: (check only one)	PAGE 11 OF 52
<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. Dua, Anahita, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Rolling Meadow Drive

City Brookfield	State WI	Zip Code 53045
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford 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
06	/	21	/	2021

Transaction ID : SA11AI.11163

Amount of Each Receipt this Period
50.00

Memo Item

B. Duson, Sira, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14417 Sandy Ridge Lane

City Laurel	State MD	Zip Code 20707
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of Maryland Surgical Ass	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
04	/	14	/	2021

Transaction ID : SA11AI.11089

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
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2021

Transaction ID : SA11AI.11061

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 12 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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 ▼ 400.00

Date of Receipt 04 / 20 / 2021
Transaction ID : SA11AI.11091
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11AI.11131
 Amount of Each Receipt this Period 100.00
 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 ▼ 600.00

Date of Receipt 06 / 21 / 2021
Transaction ID : SA11AI.11164
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 13 OF 52
<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. 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 ▼ 1000.00

Date of Receipt 03 / 22 / 2021
Transaction ID : SA11AI.11062

Amount of Each Receipt this Period 1000.00

Memo Item

B. 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 ▼ 1250.00

Date of Receipt 04 / 20 / 2021
Transaction ID : SA11AI.11093

Amount of Each Receipt this Period 250.00

Memo Item

C. Garner, Scott, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5151 Gateway Center
Suite 400

City Flint State MI Zip Code 48507

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 ▼ 1250.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11AI.11132

Amount of Each Receipt this Period 1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 14 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. 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
 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 ▼ 500.00

Date of Receipt 04 / 15 / 2021
Transaction ID : SA11AI.11094
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hance, Kirk, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3524 W. 97th Place
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Private Practice Physician Occupation (for Individual) Vascular Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2021
Transaction ID : SA11AI.11095
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hong, Janice, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 Falls Valley Dr. Suite 104
 City Raleigh State NC Zip Code 27615
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Raleigh Vein and Laser Ctr Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2021
Transaction ID : SA11AI.11064
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 15 OF 52
<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. Hong, Janice, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 Falls Valley Dr.
 Suite 104
 City Raleigh State NC Zip Code 27615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Raleigh Vein and Laser Ctr Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **03 / 17 / 2021**
Transaction ID : SA11AI.11065
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Huang, Joe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 E. Bayview Ave
 City Englewood Cliffs State NJ Zip Code 07632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Jersey Medical Center Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 07 / 2021**
Transaction ID : SA11AI.11096
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Humphries, Misty, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 East 100 South
 Suite 303
 City Salt Lake City State UT Zip Code 84102
 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 ▼ 255.00

Date of Receipt **03 / 22 / 2021**
Transaction ID : SA11AI.11066
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1585.00
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 16 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Humphries, Misty, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 East 100 South
 Suite 303
 City Salt Lake City State UT Zip Code 84102
 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 ▼ 340.00

Date of Receipt 04 / 20 / 2021
Transaction ID : SA11AI.11098
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Humphries, Misty, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 East 100 South
 Suite 303
 City Salt Lake City State UT Zip Code 84102
 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 ▼ 425.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11AI.11133
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Humphries, Misty, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 East 100 South
 Suite 303
 City Salt Lake City State UT Zip Code 84102
 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 ▼ 510.00

Date of Receipt 06 / 21 / 2021
Transaction ID : SA11AI.11166
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00
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 17 OF 52
<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. Jim, Jeffrey, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 South Euclid Ave

City St. Louis	State MO	Zip Code 63110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington Univ. School of Med	Occupation (for Individual) vascular surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2021
Transaction ID : SA11AI.10994

Amount of Each Receipt this Period
500.00

Memo Item

B. Johnson, Brad, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7th Floor USF South

City Tampa	State FL	Zip Code 33306
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2021
Transaction ID : SA11AI.11067

Amount of Each Receipt this Period
1000.00

Memo Item

C. Jones, Douglas, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Lake Ave., North

City Worcester	State MA	Zip Code 01655
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of Mass Medical 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
MM / DD / YYYY
02 / 12 / 2021
Transaction ID : SA11AI.11031

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 18 OF 52
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Judelson, Dejah, R., Dr.,		Date of Receipt
Mailing Address 55 Lake Ave, North Roon S3-836		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2021"/>
City Worcester	State MA	Zip Code 01655
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11033
Name of Employer (for Individual) University of MA Med Center		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) vascular surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kadakol, Ajith, K., Dr.,		Date of Receipt
Mailing Address 1120 Roslyn Road		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2021"/>
City Grosse Pointe	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.10995
Name of Employer (for Individual) Premier Vascular Care, P.C.		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Vascular surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kasper, Greg, , Dr.,		Date of Receipt
Mailing Address 2105 Hawthorne Road		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City Ottawa Hills	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11068
Name of Employer (for Individual) self-private practice		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) vascular surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 52
	<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. Kasper, Greg, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2105 Hawthorne Road

City Ottawa Hills	State OH	Zip Code 43606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self-private practice	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
04		20		2021

Transaction ID : SA11AI.11101

Amount of Each Receipt this Period
100.00

Memo Item

B. Kasper, Greg, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2105 Hawthorne Road

City Ottawa Hills	State OH	Zip Code 43606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self-private practice	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
05		20		2021

Transaction ID : SA11AI.11134

Amount of Each Receipt this Period
100.00

Memo Item

C. Kasper, Greg, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2105 Hawthorne Road

City Ottawa Hills	State OH	Zip Code 43606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self-private practice	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2021

Transaction ID : SA11AI.11167

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 20 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Katragunta, Neelima, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Drive
 City Iowa City State IA Zip Code 52242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Iowa Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2021
Transaction ID : SA11AI.11136
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Katragunta, Neelima, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Drive
 City Iowa City State IA Zip Code 52242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Iowa Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11AI.11135
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kirksey, Lee, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9500 Euclid Avenue F30
 City Cleveland State OH Zip Code 44195
 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 ▼ 250.00

Date of Receipt 05 / 26 / 2021
Transaction ID : SA11AI.11137
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 21 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼ 255.00

Date of Receipt 03 / 22 / 2021
Transaction ID : SA11AI.11069
Amount of Each Receipt this Period 85.00
 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 ▼ 340.00

Date of Receipt 04 / 20 / 2021
Transaction ID : SA11AI.11103
Amount of Each Receipt this Period 85.00
 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 ▼ 425.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11AI.11139
Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 255.00
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 22 OF 52
	<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 ▼ 510.00

Date of Receipt 06 / 21 / 2021
Transaction ID : SA11AI.11168
 Amount of Each Receipt this Period 85.00
 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 ▼ 300.00

Date of Receipt 03 / 08 / 2021
Transaction ID : SA11AI.11070
 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 ▼ 400.00

Date of Receipt 04 / 12 / 2021
Transaction ID : SA11AI.11105
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
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 23 OF 52
<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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2021

Transaction ID : SA11AI.11140

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2021

Transaction ID : SA11AI.11169

Amount of Each Receipt this Period
100.00

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2021

Transaction ID : SA11AI.11037

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 24 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Madsen, Kenneth, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Cox Blvd
Suite 201

City Goldsboro State NC Zip Code 27534

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

Name of Employer (for Individual) UNC Vascular at Goldsboro Occupation (for Individual) vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2021
Transaction ID : SA11AI.11170

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2021
Transaction ID : SA11AI.11141

Amount of Each Receipt this Period
1000.00

Memo Item

C. Malhotra, Nitin, G., 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

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2021
Transaction ID : SA11AI.11142

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 25 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mattos, Mark, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5020 Bristol Road

City Flint	State MI	Zip Code 48507
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		04		2021

Transaction ID : SA11AI.10999

Amount of Each Receipt this Period
1200.00

Memo Item

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

Mailing Address G-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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2021

Transaction ID : SA11AI.11108

Amount of Each Receipt this Period
1000.00

Memo Item

C. Monahan, Daniel, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 Pleasant Grove Blvd

City Roseville	State CA	Zip Code 95678
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2021

Transaction ID : SA11AI.11171

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 26 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Muck, Patrick, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2499 Legends Way
 City Crestview Hills State KY Zip Code 41017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trilhealth, Inc. Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2021**
Transaction ID : SA11AI.11072
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Muck, Patrick, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2499 Legends Way
 City Crestview Hills State KY Zip Code 41017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trilhealth, Inc. Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 20 / 2021**
Transaction ID : SA11AI.11109
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Muck, Patrick, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2499 Legends Way
 City Crestview Hills State KY Zip Code 41017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trilhealth, Inc. Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 20 / 2021**
Transaction ID : SA11AI.11144
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 27 OF 52
	<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. Muck, Patrick, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2499 Legends Way

City Crestview Hills	State KY	Zip Code 41017
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Trilhealth, Inc.	Occupation (for Individual) vascular surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2021

Transaction ID : SA11AI.11172

Amount of Each Receipt this Period
100.00

Memo Item

B. Nguyen, Tammy, Tran, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 Winter Street

City Worcester	State MA	Zip Code 01604
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UMASS Memorial 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
02	/	12	/	2021

Transaction ID : SA11AI.11040

Amount of Each Receipt this Period
250.00

Memo Item

C. Plecha, Ferdinand, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7255 Old Oak Blvd
Suite C108

City Middleburg Heights	State OH	Zip Code 44130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southwest General Medical 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
02	/	15	/	2021

Transaction ID : SA11AI.11042

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 28 OF 52
	<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. Pounds, Lori, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7703 Floyd Curl Drive
Mail Code 7741

City San Antonio	State TX	Zip Code 78229
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UT Health San Antonio	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2021

Transaction ID : SA11AI.11146

Amount of Each Receipt this Period
30.00

Memo Item

B. Pounds, Lori, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7703 Floyd Curl Drive
Mail Code 7741

City San Antonio	State TX	Zip Code 78229
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UT Health San Antonio	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2021

Transaction ID : SA11AI.11173

Amount of Each Receipt this Period
30.00

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2021

Transaction ID : SA11AI.11045

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
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 29 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 1000.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11AI.11147
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rizvi, Syed, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Nassau Ave
 City Pikesville State MD Zip Code 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2021
Transaction ID : SA11AI.11074
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Rizvi, Syed, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Nassau Ave
 City Pikesville State MD Zip Code 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2021
Transaction ID : SA11AI.11111
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 30 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Rizvi, Syed, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Nassau Ave

City Pikesville	State MD	Zip Code 21208
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mount Sinai	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
05	/	20	/	2021

Transaction ID : SA11AI.11148

Amount of Each Receipt this Period
100.00

Memo Item

B. Rizvi, Syed, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Nassau Ave

City Pikesville	State MD	Zip Code 21208
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mount Sinai	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2021

Transaction ID : SA11AI.11174

Amount of Each Receipt this Period
100.00

Memo Item

C. Rizzoni, Walter, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E.2nd Street

City Erie	State PA	Zip Code 16507
--------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of Pittsburgh Physicians	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
01	/	17	/	2021

Transaction ID : SA11AI.11006

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 31 OF 52
	<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. Rossi, Peter, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 267
 City Hopedale State IL Zip Code 61747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hopedale Medical Complex 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
 03 / 07 / 2021
Transaction ID : SA11AI.11075
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ryan, Patrick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Wallace Lane
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nashville Vascular and Vein 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
 04 / 14 / 2021
Transaction ID : SA11AI.11112
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Schanzer, Andres, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Lake Ave., North
 City Worcester State MA Zip Code 01655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Mass Med School 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
 02 / 12 / 2021
Transaction ID : SA11AI.11047
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 32 OF 52
	<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. Schermerhorn, 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
MM / DD / YYYY
02 / 10 / 2021
Transaction ID : SA11AI.11048

Amount of Each Receipt this Period
1000.00

Memo Item

B. Schneider, Darren, B, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 East 68th Street

City New York	State NY	Zip Code 10065
------------------	-------------	-------------------

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

Name of Employer (for Individual) Weill Cornell Medical College	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2021
Transaction ID : SA11AI.11008

Amount of Each Receipt this Period
250.00

Memo Item

C. Shafil, Susan, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10318 Orange Grove Drive

City Tampa	State FL	Zip Code 33618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baycare Medical Group	Occupation (for Individual) vascular surgeon
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2021
Transaction ID : SA11AI.11114

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 52
	<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. Shaw, Palma, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Performance Drive
Suite 300

City Weymouth State MA Zip Code 02189

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

Name of Employer (for Individual) Brigham and Women's Surg Assoc Occupation (for Individual) vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2021
Transaction ID : SA11AI.11115

Amount of Each Receipt this Period 250.00

Memo Item

B. Shutze, William, P, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 621 N. Hall Street
Suite 100

City Dallas State TX Zip Code 75226

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

Name of Employer (for Individual) Texas Vascular Assoc Occupation (for Individual) Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 16 / 2021
Transaction ID : SA11AI.11009

Amount of Each Receipt this Period 1200.00

Memo Item

C. Shutze, William, P, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 621 N. Hall Street
Suite 100

City Dallas State TX Zip Code 75226

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

Name of Employer (for Individual) Texas Vascular Assoc Occupation (for Individual) Vascular Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 02 / 22 / 2021
Transaction ID : SA11AI.11049

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 2450.00

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 34 OF 52
	<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. 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 03 / 31 / 2021
Transaction ID : SA11AI.11076

Amount of Each Receipt this Period 250.00

Memo Item

B. Simons, Jessica, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Paugus Road

City Holden State MA Zip Code 01520

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

Name of Employer (for Individual) Univ. of Mass Medical School Occupation (for Individual) vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2021
Transaction ID : SA11AI.11050

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 ▼ 300.00

Date of Receipt 02 / 22 / 2021
Transaction ID : SA11AI.11051

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 35 OF 52
	<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. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2021

Transaction ID : SA11AI.11052

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2021

Transaction ID : SA11AI.11077

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2021

Transaction ID : SA11AI.11078

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 36 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 04 / 20 / 2021
Transaction ID : SA11AI.11116
 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 04 / 20 / 2021
Transaction ID : SA11AI.11117
 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 05 / 20 / 2021
Transaction ID : SA11AI.11149
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 37 OF 52
	<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. 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
05	/	20	/	2021

Transaction ID : SA11AI.11150

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2021

Transaction ID : SA11AI.11151

Amount of Each Receipt this Period
250.00

Memo Item

C. Starnes, Benjamin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 9th Ave.,

City Seattle	State WA	Zip Code 98104
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Washington	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
02	/	22	/	2021

Transaction ID : SA11AI.11053

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 38 OF 52
<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. Starnes, Benjamin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 9th Ave.,

City Seattle	State WA	Zip Code 98104
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Washington	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
06	/	11	/	2021

Transaction ID : SA11AI.11175

Amount of Each Receipt this Period
250.00

Memo Item

B. Taubman, Kevin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4502 East 41st

City Tulsa	State OK	Zip Code 74135
---------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Oklahoma	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
01	/	18	/	2021

Transaction ID : SA11AI.11015

Amount of Each Receipt this Period
250.00

Memo Item

C. Taubman, Kevin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4502 East 41st

City Tulsa	State OK	Zip Code 74135
---------------	-------------	-------------------

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

Name of Employer (for Individual) Univ. of Oklahoma	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
04	/	20	/	2021

Transaction ID : SA11AI.11118

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 39 OF 52
	<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. Tracci, Margaret, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6150 Faber Road
 City Faber State VA Zip Code 22938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Virginia 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
 01 / 20 / 2021
Transaction ID : SA11AI.11017
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Tracci, Margaret, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6150 Faber Road
 City Faber State VA Zip Code 22938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Virginia 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
 01 / 20 / 2021
Transaction ID : SA11AI.11018
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Weis, Tahlia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N. Oak Ave.
 City Marshfield State WI Zip Code 54449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marshfield Clinic 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
 03 / 22 / 2021
Transaction ID : SA11AI.11079
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 40 OF 52
	<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. Weis, Tahlia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. Oak Ave.

City Marshfield	State WI	Zip Code 54449
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Marshfield Clinic	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
04		20		2021

Transaction ID : SA11AI.11122

Amount of Each Receipt this Period
100.00

Memo Item

B. Weis, Tahlia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. Oak Ave.

City Marshfield	State WI	Zip Code 54449
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Marshfield 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
05		20		2021

Transaction ID : SA11AI.11154

Amount of Each Receipt this Period
100.00

Memo Item

C. Weis, Tahlia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. Oak Ave.

City Marshfield	State WI	Zip Code 54449
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2021

Transaction ID : SA11AI.11176

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 41 OF 52
<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. Woo, Karen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1520 San Pablo Street
 Suite 4300
 City Los Angeles State CA Zip Code 90033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Southern California Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **04 / 13 / 2021**
Transaction ID : SA11AI.11123
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Woo, Karen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1520 San Pablo Street
 Suite 4300
 City Los Angeles State CA Zip Code 90033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Southern California Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **05 / 20 / 2021**
Transaction ID : SA11AI.11155
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Woo, Karen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1520 San Pablo Street
 Suite 4300
 City Los Angeles State CA Zip Code 90033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Southern California Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 21 / 2021**
Transaction ID : SA11AI.11178
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	520.00
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 42 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
Wooster, Mathew, , Dr.,

Mailing Address 114 Doughty Street
 Suite 654

City Charleston State SC Zip Code 29425

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

Name of Employer (for Individual) MUSC Occupation (for Individual) vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2021

Transaction ID : SA11A1.11055

Amount of Each Receipt this Period
 500.00

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	35956.00

**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. ARMSTRONG, KELLY, , ,

Mailing Address 1515 BURNT BOAT DRIVE
SUITE C, BOX 112

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: ND District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2021

FEC Identification Number

C H8ND00096

Transaction ID : SB23.11182

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BARRAGAN, NANETTE, , ,

Mailing Address 1840 SOUTH GAFFEY STREET
#421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: CA District: 44

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

FEC Identification Number

C H6CA44103

Transaction ID : SB23.11197

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BERA, AMERISH, , ,

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: 2021 Primary General Other (specify) ▼
State: CA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2021

FEC Identification Number

C H0CA03078

Transaction ID : SB23.11184

Amount of Each Disbursement this Period

2500.00

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. BOOZMAN, SEN. JOHN, , ,		Date of Disbursement MM / DD / YYYY 05 / 20 / 2021	
Mailing Address PO BOX 671		FEC Identification Number C S0AR00150 Transaction ID : SB23.11199 Amount of Each Disbursement this Period 1000.00	
City ROGERS	State AR	Zip Code 72757	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 00	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 04 / 29 / 2021	
Mailing Address PO BOX 14310		FEC Identification Number C H4PA13199 Transaction ID : SB23.11185 Amount of Each Disbursement this Period 1000.00	
City PHILADELPHIA	State PA	Zip Code 19115	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 02	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BUCSHON, LARRY D., , ,		Date of Disbursement MM / DD / YYYY 03 / 25 / 2021	
Mailing Address PO BOX 250		FEC Identification Number C H0IN08114 Transaction ID : SB23.11180 Amount of Each Disbursement this Period 1000.00	
City NEWBURGH	State IN	Zip Code 47629	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 08	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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. BUCSHON, LARRY D., , ,

Mailing Address PO BOX 250

City
NEWBURGH

State
IN

Zip Code
47629

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2021

FEC Identification Number

C H0IN08114

Transaction ID : SB23.11201

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CARDENAS, TONY, , ,

Mailing Address PO BOX 15320

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 29

Disbursement For: 2021
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2021

FEC Identification Number

C H2CA28113

Transaction ID : SB23.11195

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DUCKWORTH, L TAMMY, , ,

Mailing Address PO BOX 10793

City
CHICAGO

State
IL

Zip Code
60610

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2021

FEC Identification Number

C S6IL00292

Transaction ID : SB23.11208

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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. FLETCHER, ELIZABETH, , ,

Mailing Address 3262 WESTHEIMER RD
#636

City
HOUSTON

State
TX

Zip Code
77098

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2021
 Primary General
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	1

FEC Identification Number

C H8TX07140

Transaction ID : SB23.11203

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. HASSAN, MARGARET WOOD, , ,

Mailing Address PO BOX 298

City
CONCORD

State
NH

Zip Code
03302

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	1

FEC Identification Number

C S6NH00091

Transaction ID : SB23.11211

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. HORSFORD, STEVEN ALEXZANDER, , ,

Mailing Address PO BOX 336664

City
LAS VEGAS

State
NV

Zip Code
89033

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	1

FEC Identification Number

C H2NV04011

Transaction ID : SB23.11206

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

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

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

6	0	0	0	0	0
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6	0	0	0	0	0
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**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. KIND, RON, , ,

Mailing Address 205 South 5th Ave
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2021
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C H6WI03099

Transaction ID : SB23.11205

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. KINZINGER, ADAM, , ,

Mailing Address 25566 S KEATING BOULEVARD

City CHANNAHON State IL Zip Code 60410

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 16

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

C H0IL11052

Transaction ID : SB23.11216

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KRISHNAMOORTHY, S. RAJA, , ,

Mailing Address 1500 LOGAN STREET

City SCHAUMBURG State IL Zip Code 60193

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C H6IL08147

Transaction ID : SB23.11210

Amount of Each Disbursement this Period

Memo Item

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

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. KRISHNAMOORTHY, S. RAJA, , ,

Mailing Address 1500 LOGAN STREET

City
SCHAUMBURG

State
IL

Zip Code
60193

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

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

FEC Identification Number

C H6IL08147

Transaction ID : SB23.11220

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCKINLEY, DAVID B. MR., , ,

Mailing Address 147 BETHANY PIKE

City
WHEELING

State
WV

Zip Code
26003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

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

FEC Identification Number

C H0WV01072

Transaction ID : SB23.11186

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCMORRIS RODGERS, CATHY, , ,

Mailing Address PO BOX 137

City
SPOKANE

State
WA

Zip Code
99210

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

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

FEC Identification Number

C H4WA05077

Transaction ID : SB23.11218

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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. Pallone for Congress, Frank, , ,

Mailing Address P.O. Box 3167

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NJ District: 06

Disbursement For: 2021
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.11189

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PELOSI, NANCY, , ,

Mailing Address 235 Montgomery Street Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2021

FEC Identification Number

C H8CA05035

Transaction ID : SB23.11215

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 1300 PENNSYLVANIA AVE NW BOX 190, #323

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2021

FEC Identification Number

C C00165159

Transaction ID : SB23.11190

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

[REDACTED] 4500.00

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

[REDACTED]

**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. SCHRIER, KIM DR., , ,

Mailing Address PO BOX 2728

City
ISSAQUAH

State
WA

Zip Code
98027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

FEC Identification Number

C H8WA08189

Transaction ID : SB23.11194

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHRIER, KIM DR., , ,

Mailing Address PO BOX 2728

City
ISSAQUAH

State
WA

Zip Code
98027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

FEC Identification Number

C H8WA08189

Transaction ID : SB23.11202

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCHUMER, CHARLES E, , ,

Mailing Address 509 MADISON AVE

City
NEW YORK

State
NY

Zip Code
10022

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 02 / 2021

FEC Identification Number

C S8NY00082

Transaction ID : SB23.11214

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

**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. THOMPSON, MIKE MR., , ,

Mailing Address P O Box 1998

City
St. Helena

State
CA

Zip Code
94574

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 01

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C H8CA01109

Transaction ID : SB23.11188

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. THUNE, JOHN R., , ,

Mailing Address 1601 E 69TH ST
STE 300

City
SIOUX FALLS

State
SD

Zip Code
57108

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	6		2	0	2	1		

FEC Identification Number

C S2SD00068

Transaction ID : SB23.11192

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

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: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	0		2	0	2	1		

FEC Identification Number

C H2OH02085

Transaction ID : SB23.11209

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0
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Memo Item

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

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

3	5	0	0	0	0	0	0	0	0	0	0
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**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. WYDEN FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OR District: 00

Date of Disbursement: 06 / 24 / 2021

FEC Identification Number: C C00308676
Transaction ID : SB23.11221
Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	41000.00