

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Surgeons Professional Association PAC

ADDRESS (number and street) 20 F St NW, Ste 1000
Attn: Sara Morse
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00382424
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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 2010

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 Christian Shalgian
Signature of Treasurer Electronically Filed by Christian Shalgian Date 05 03 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Surgeons Professional Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		181224.44
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	125234.75									
(c) Total Receipts (from Line 19)	36040.00	584740.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	161274.75	765964.70								
7. Total Disbursements (from Line 31)	33635.33	638325.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127639.42	127639.42								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American College of Surgeons Professional Association PAC

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)	25520.00	460435.00
(ii) Unitemized	10520.00	124305.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36040.00	584740.26
(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)	36040.00	584740.26
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 Transfer (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))	36040.00	584740.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36040.00	584740.26

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	2385.33	10645.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2385.33	10645.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	31000.00	442500.00
24. Independent Expenditure (use Schedule E)	0.00	182880.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	2300.00
(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))	250.00	2300.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	33635.33	638325.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33635.33	638325.28

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)	36040.00	584740.26
34. Total Contribution Refunds (from Line 28(d))	250.00	2300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35790.00	582440.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2385.33	10645.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2385.33	10645.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Idatonye Ibibama Afonya

Mailing Address 605 Summit Ave

City State Zip Code
Crookston MN 56716-2712

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

Name of Employer Occupation
Riverview Health System Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 4E26259B90A53721151

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dennis Gerard Begos

Mailing Address 91 Montvale Ave
Ste 208

City State Zip Code
Stoneham MA 02180-3649

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 55550451A744A5E3EB1

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Peter Donald Beitsch

Mailing Address 7777 Forest Ln
Ste C760

City State Zip Code
Dallas TX 75230-6801

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 961E9D22BD98820F152

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carl Andrew Bertelsen		Date of Receipt MM / DD / YYYY 11 / 03 / 2010		
	Mailing Address 2450 Samaritan Dr		Transaction ID: 0DDF5DD87844052AB28		
	City San Jose	State CA	Zip Code 95124-3912	Amount of Each Receipt this Period 115.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Marilu Bintz		Date of Receipt MM / DD / YYYY 11 / 06 / 2010		
	Mailing Address 610 E Taylor St		Transaction ID: 3BFCE656E3F77529C50		
	City Prairie Du Chien	State WI	Zip Code 53821-2109	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gunderson Lutheran	Occupation Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) James Walker Bonds		Date of Receipt MM / DD / YYYY 10 / 20 / 2010		
	Mailing Address 676 Trumpet Cir 676 Trumpet Circle		Transaction ID: 87F550ACCA5C93931A9		
	City Birmingham	State AL	Zip Code 35226-4915	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jefferson Clinic	Occupation Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1750.00			

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
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 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patrick T. Brillant

Mailing Address 1940 Cherry Stone Ln

City State Zip Code
Greenville NC 27858-9404

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 9960B575C7E0D048AE8

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Andre R. Campbell

Mailing Address Department of Surgery Ward 3-A
San Francisco General Hospital

City State Zip Code
San Francisco CA 94110

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

Name of Employer San Francisco General Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: AB72750FCC4EF2221C

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
R. Robert Castillo

Mailing Address 3000 Espanola St NE

City State Zip Code
Albuquerque NM 87110-2731

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

Name of Employer Retired Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 1FF9D76E46F94635EC8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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 9 / 32

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Bahjat S. Chabenne

Mailing Address 1311 N Arlington Ave

City State Zip Code
Indianapolis IN 46219-3286

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

Name of Employer Occupation
Community Health Network Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: FB34EE1C16AFA7A9BAD

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

A. Alfred Chahine

Mailing Address Division of Pediatric Surgery 4Phc
Georgetown University Medical Cent

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Children's National Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 025175EC13A63C94A05

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Alfred Edward Chang

Mailing Address University of Michigan Medical Cen
3302 Cancer Center

City State Zip Code
Ann Arbor MI 48109-5932

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

Name of Employer Occupation
University of Michigan Medical Center Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 127A7A0502CF4C32F1C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

865.00

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 10 / 32

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Charles Cheng

Mailing Address 1818 N Meade St
Fox Valley Surgical Associates, St

City State Zip Code
Appleton WI 54911-3454

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

Name of Employer Occupation
Fox Valley Surgical Assoc- Surgeon
iates

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 412937D01E3E90DDC80

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Thomas A. Clark

Mailing Address 709 N Coronado
138

City State Zip Code
Harlingen TX 78550-8847

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: A60917D92F51698DB98

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Brian Daley

Mailing Address 1924 Alcoa Hwy
U-11

City State Zip Code
Knoxville TN 37920-1511

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

Name of Employer Occupation
University Surgical and Surgeon
Trauma Center

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 878E6B00FB304AB48BA

Amount of Each Receipt this Period
500.00

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 11 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Rhett Lee Daugherty

Mailing Address 10 Wethersfield Dr

City Medford State NJ Zip Code 08055-3304

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

Name of Employer Delaware Valley Urology LLC Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2010

Transaction ID: 9A3E05E9ED5E078AD96

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Edward Weeks Dauterive, Jr.

Mailing Address 1100 Andre St Ste 101

City New Iberia State LA Zip Code 70563-2159

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 7DCF1BEC00E1ACB3A8E

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Robert Christian Davies

Mailing Address 1773 Kings Mountain Dr

City Stone Mountain State GA Zip Code 30087-1925

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

Name of Employer Pen Bay Healthcare Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2010

Transaction ID: 926FAC06D20FF93F60C

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 12 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Kim Fraser Duncan		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address University of Nebraska Medical Ctr Cardiothoracic Surgery		Transaction ID: 65A52A808832106F59A
City Omaha	State NE	
Zip Code 68198-2315		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Nebraska Medical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Stephen Richard Thomas Evans		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address Georgetown University Hospital Hospital Administration - 1Main		Transaction ID: 251FB906DCA15BE4365
City Washington	State DC	
Zip Code 20007		Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Georgetown University Hos- pital	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Josef E. Fischer		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 1135 Tremont St Ste 512		Transaction ID: 611DF2042DC5D7E1F90
City Roxbury Crossing	State MA	
Zip Code 02120-2140		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Beth Israel Deaconess Med- ical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
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 13 / 32
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Steven Fisher

Mailing Address 75 Headland Dr

City Rancho Palos Verde State CA Zip Code 90275-5117

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 04FA432AA644A9737CA

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Rajesh Ramesh Gandhi

Mailing Address 1500 S Main St
John Peter Smith, Opc 303

City Fort Worth State TX Zip Code 76104-4917

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2010

Transaction ID: A1401D88073C351A44B

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Richard Neal Garrison

Mailing Address 3200 Cross Bill Rd

City Louisville State KY Zip Code 40213-1208

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

Name of Employer University of Louisville Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2010

Transaction ID: 0EF04549B4B0105B25F

Amount of Each Receipt this Period 250.00

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: PAGE 14 / 32
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
David Len Gibbs

Mailing Address 1120 W La Veta Ave
Ste 100

City Orange State CA Zip Code 92868-4215

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2010
Transaction ID: 34712CE18D49AFE4B83
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Loretto Ann Glynn

Mailing Address 8550 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-8341

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

Name of Employer Self-Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 5CB96FB129985CE1186
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Henry George Godfrey

Mailing Address 3944 222nd St

City Bayside State NY Zip Code 11361-2412

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

Name of Employer NY Gen Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 28 / 2010
Transaction ID: AE2D5B235A096E1077E
Amount of Each Receipt this Period 200.00

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 15 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Amitabh P. Goel	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 3958 Red Mill Cv	Transaction ID: 0E8E1E2B58B415B49A2
	City State Zip Code Perry OH 44081-8635	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University Hospitals Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Richard James Harding	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 2320 N 3rd St	Transaction ID: 460D6AC5097D66AAAF6
	City State Zip Code Phoenix AZ 85004-1303	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Donald Moor Jacobs	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address Hennepin Faculty Associates 600 Hfa Building	Transaction ID: 8875FF87AC3E08D903E
	City State Zip Code Minneapolis MN 55404	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hennepin Faculty Associates Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
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 16 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Ronald Jenkins		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 3257 Professional Dr Ste E		Transaction ID: 1C1CA67BBA4CB66139D
	City Auburn	State CA	Zip Code 95602-2460
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) David C. Johnson		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 6242 E Arbor Ave Ste 101		Transaction ID: 4937B3AC5BFB1077472
	City Mesa	State AZ	Zip Code 85206-1309
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) John Robert Kearns		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 56 Charles St		Transaction ID: AFC7AF73B0DE20DFD72
	City Pittsfield	State MA	Zip Code 01201-3302
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
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 17 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Edward McCravy Lee

Mailing Address 800 E Cheves St
Ste 260

City State Zip Code
Florence SC 29506-2652

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 9926444B5C72ABC1F96

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Joseph H. Llewellyn

Mailing Address 2490 S Woodworth Loop
Ste 401

City State Zip Code
Palmer AK 99645-7411

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

Name of Employer Self-Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: B6F1E19FFE64297E930

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Kevin G. Looser

Mailing Address 330 Borthwick Ave
Jackson Gray Medical Building

City State Zip Code
Portsmouth NH 03801-4174

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 069238D5308E129AE77

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 18 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donald C. Luebke

Mailing Address 4100 Jerry Murphy Rd

City Pueblo State CO Zip Code 81001-1046

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2010

Transaction ID: 9732A84B0B5FB8DE5A7

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Carlos M. Maldonado

Mailing Address 1845 SE Saint Lucie Blvd

City Stuart State FL Zip Code 34996-4230

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

Name of Employer Self employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010

Transaction ID: C52C41755E9D3860793

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Marc D. Maslov

Mailing Address PO Box 545

City Seneca State PA Zip Code 16346-0545

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

Name of Employer ENT ASSOC NWPA Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2010

Transaction ID: 1C0748750461D3A9DFA

Amount of Each Receipt this Period 250.00

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 19 / 32
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Timothy Paul Monson

Mailing Address 737 Broadway N

City State Zip Code
Fargo ND 58102-4421

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: 58E0953B61F25BC7380
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Joseph William Mulcahy

Mailing Address 2020 27th PI

City State Zip Code
Anacortes WA 98221-3864

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

Name of Employer Maria Parham Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: 6403BF33C20ADAA053A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
William F. Nowlin

Mailing Address 1200 Roosevelt PI

City State Zip Code
Valparaiso IN 46383-3707

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: 7395F2D9D181E78B72A
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joseph John O'Donnell		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 914 Cypress St		Transaction ID: 46503CD1A53EB198A80
	City Sulphur	State LA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed		Occupation Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Mark B. Orringer		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 1500 E Medical Center Dr University of Michigan Medical Cen		Transaction ID: 257D55C88D55739ABCB
	City Ann Arbor	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer University of Michigan		Occupation Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Anne Elizabeth Petersen		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 1241 W Stadium Blvd		Transaction ID: D33F5960EE671DEF3AE
	City Jefferson City	State MO	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Jefferson City Medical Group		Occupation Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
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 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Anthony Quinones

Mailing Address 2675 N Decatur Rd
Ste 609

City Decatur State GA Zip Code 30033-6137

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: BD34AA0747D40BCB176

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Robert Roland Radcliffe

Mailing Address 510 E Bloomington St

City Iowa City State IA Zip Code 52245-2803

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

Name of Employer Surgical Services, PC Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 96244E60D5CFBCE1A79

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William Lawrence Rich, III

Mailing Address 6231 Leesburg Pike
Ste 608

City Falls Church State VA Zip Code 22044-2102

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: E6FDA98DE783EC98BCD

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2615.00**

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 22 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Beth Ann Ryder

Mailing Address University Surgical Associates
Suite 470

City Providence State RI Zip Code 02905

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

Name of Employer University Surgical Associates Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 3DDD8C450A977D3CCC

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Anthony Senagore

Mailing Address 1441 Eastlake Ave
Ste 7218

City Los Angeles State CA Zip Code 90089-0112

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

Name of Employer Spectrum Health Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 17 / 2010
Transaction ID: 3C16A3735A562CBC120

Amount of Each Receipt this Period 2000.00

C.

Full Name (Last, First, Middle Initial)
Christian Shalgian

Mailing Address 1640 Wisconsin Ave NW

City Washington State DC Zip Code 20007-7715

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

Name of Employer American College of Surgeons Occupation Director, Division of Advocacy/Health

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2010
Transaction ID: BCB349F37AF50591539

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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 23 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Andrew T. Smith

Mailing Address 1021 Park Ave
Upper Bucks Surgical Group, Ste 10

City State Zip Code
Quakertown PA 18951-1573

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 99A0089AF88FCC0C75E

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark Stein

Mailing Address 151 Mildred Pkwy

City State Zip Code
New Rochelle NY 10804-2237

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

Name of Employer Advanced Urology Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: A715DC878E057851C46

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John W. Thomas

Mailing Address 3519 Friendsville Rd

City State Zip Code
Wooster OH 44691-1241

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 02FD42FFFD26A73B27A

Amount of Each Receipt this Period
500.00

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: PAGE 24 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Shirin Towfigh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
Mailing Address Thalians Building W222 8730 Alden Drive		Transaction ID: F286D1803BCD1B77B41
City Los Angeles	State Zip Code CA 90048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Mt. Sinai Med Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Peter A. Tuxen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
Mailing Address 1805 N California St Ste 409		Transaction ID: 166448EE0E639692EC9
City Stockton	State Zip Code CA 95204-6033	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Marcos A. Ugarte		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 1 0
Mailing Address 401 Allegheny Ave		Transaction ID: 671E65611C1EDC1ECF6
City Hanover	State Zip Code PA 17331-1957	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
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 25 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) William Alfred Walker		Date of Receipt MM / DD / YYYY 11 / 01 / 2010
Mailing Address 2015 Randolph Rd Ste 201		Transaction ID: 68E9CD78DFD706836B7
City Charlotte	State Zip Code NC 28207-1200	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Bruce James Waring		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 3555 Lutheran Pkwy Ste 380		Transaction ID: 6DF2C85C226E81E8E25
City Wheat Ridge	State Zip Code CO 80033-6023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Foothills Surgical	Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Carroll Robert Wetzel		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 231 E Highway 7		Transaction ID: 9F82C8039641EA946B4
City Clinton	State Zip Code MO 64735-9507	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Lukes Medical Center	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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:		PAGE 26 / 32	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Joseph L. Wilhelm		Date of Receipt																					
	Mailing Address 702 W Lake Lansing Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	3	/	2	0	1	0														
	City	State	Zip Code	Transaction ID: 09CBE6ACABFA3374C54																				
	East Lansing	MI	48823-8526	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	600.00																					
Name of Employer Self Employed		Occupation Surgeon																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	600.00																					

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	25520.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO BOX 53582 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Bank fee for using AmEx as contribution source Candidate Name	Transaction ID: V0FF70C77802B1B6B163 Date of Disbursement 10 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 267.55		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO BOX 53582 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Bank fee for using AmEx as contribution source Candidate Name	Transaction ID: VDEF1A190E317E1BE577 Date of Disbursement 11 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 621.91		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
C. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO BOX 53582 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Bank fee for using AmEx as contribution source Candidate Name	Transaction ID: V8361B237C3A9FE0F8FE Date of Disbursement 11 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 46.12		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	

SUBTOTAL of Disbursements This Page (optional)	935.58
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) The Northern Trust Company <hr/> Mailing Address 50 South LaSalle Street <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fee for using Visa/MC as contribution source Candidate Name	Transaction ID: VCE8514A2C79E93685AE Date of Disbursement 10 / 14 / 2010
	Amount of Each Disbursement this Period 382.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
B. Full Name (Last, First, Middle Initial) The Northern Trust Company <hr/> Mailing Address 50 South LaSalle Street <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fee for using Visa/MC as contribution source Candidate Name	Transaction ID: VC604231FB766E928E55 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 1066.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional)	1449.75
TOTAL This Period (last page this line number only)	2385.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) A Lot of People Who Support Jeff Bingaman</p> <p>Mailing Address PO Box 16210</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement 2012 Primary Contribution</p> <p>Candidate Name Jeff Bingaman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B70FC2735D14C20FD53</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Nan Hayworth</p> <p>Mailing Address 51 Gleneida Avenue</p> <p>City Carmel State NY Zip Code 10512</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Nan Alison Sutter Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4B8F13E3D3B46534A59</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Glacier PAC</p> <p>Mailing Address 3242 Cummins Way</p> <p>City Missoula State MT Zip Code 59802</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Glacier PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: CDA140B529BCB8F57ED</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	8500.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) L.A. P.A.C.</p> <p>Mailing Address 6380 Wilshire Blvd., #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name L.A. P.A.C.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 43B78B769750E283AFD</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Richard Edmund Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: A748C9A0C7FA98718D9</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Shore PAC</p> <p>Mailing Address PO Box 3157</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Shore PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 832F9D818887B259E53</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

PAGE 31 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Silver State 21st Century PAC Mailing Address 3069 Conquista Ct. City Las Vegas State NV Zip Code 89121 Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 3EE91BAC781A5526B7E Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Volunteers for Shimkus Mailing Address PO Box 661 City Collinsville State IL Zip Code 62234 Purpose of Disbursement 2010 General Contribution Candidate Name John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 740BB388260BAC34B8B Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

31000.00

**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)

PAGE 32 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Edward Waller Nelson

Transaction ID: 561EBC831E1F944D7B7

Date of Disbursement

Mailing Address 50 N Medical Dr
Department of Surgery

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

City State Zip Code
Salt Lake City UT 84132-0001

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Refund

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

250.00

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

250.00
