

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Society for Vascular Surgery Political Action Committee

ADDRESS (number and street) 633 N. St. Clair St. 24th Floor Chicago IL 60611 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00381459 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on / / in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 / 03 / 2020 in the State of IL

5. Covering Period 10 / 15 / 2020 through 11 / 23 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Slaw, Ken, , , Type or Print Name of Treasurer

Signature of Treasurer Slaw, Ken, , , [Electronically Filed] Date 01 / 29 / 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="2020"/>	<input type="text"/>	<input type="text" value="175622.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="211598.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15372.00"/>	<input type="text" value="84348.00"/>
(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="226970.62"/>	<input type="text" value="259970.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20000.00"/>	<input type="text" value="53000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="206970.62"/>	<input type="text" value="206970.62"/>
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).....	12351.00	68776.00
(ii) Unitemized	3021.00	15572.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15372.00	84348.00
(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)	15372.00	84348.00
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)).....▶	15372.00	84348.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15372.00	84348.00

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.....	20000.00	53000.00
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)) ..	20000.00	53000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	53000.00

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)	15372.00	84348.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15372.00	84348.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Almeida, Jose, I, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 S. Miami Ave.

City Miami	State FL	Zip Code 33129
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

Transaction ID : SA11AI.10769

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2020

Transaction ID : SA11AI.10771

Amount of Each Receipt this Period
250.00

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
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
258.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

Transaction ID : SA11AI.10774

Amount of Each Receipt this Period
86.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	586.00
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 7 OF 24 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bernik, Thomas, R, Dr.,		Date of Receipt MM / DD / YYYY 11 / 12 / 2020 Transaction ID : SA11AI.10775
Mailing Address 48 Fairway Ter.		Amount of Each Receipt this Period 1000.00
City Norwood	State NJ	Zip Code 07648
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Private Practice	Occupation (for Individual) Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burgess, Jason, , Dr.,		Date of Receipt MM / DD / YYYY 11 / 19 / 2020 Transaction ID : SA11AI.10776
Mailing Address 1416 E. MoreHead Suite 20		Amount of Each Receipt this Period 245.00
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Dilworth Surgical Specialists	Occupation (for Individual) Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Curi, Michael, , Dr.,		Date of Receipt MM / DD / YYYY 11 / 03 / 2020 Transaction ID : SA11AI.10780
Mailing Address 22. S. Greene Street		Amount of Each Receipt this Period 250.00
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Univ. of MD Med School	Occupation (for Individual) Vascular 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).....▶	1495.00
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 8 OF 24
<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. 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
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

Transaction ID : SA11Al.10784

Amount of Each Receipt this Period
250.00

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
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2020

Transaction ID : SA11Al.10787

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
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

Transaction ID : SA11Al.10788

Amount of Each Receipt this Period
100.00

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 9 OF 24
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Halpern, Vivienne, , Dr.,		Date of Receipt
Mailing Address 1999 Marcus Ave Suite 106		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2020"/>
City New Hyde Park	State NY	Zip Code 11042
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.10796
Name of Employer (for Individual) NS-LIJ Health System		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
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="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harris, Linda, M, Dr.,		Date of Receipt
Mailing Address 3 Gates Circle		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2020"/>
City Buffalo	State NY	Zip Code 14209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.10797
Name of Employer (for Individual) University of Buffalo Surgeons		Amount of Each Receipt this Period <input type="text" value="150.00"/>
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="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Haurani, Mounir, J, Dr.,		Date of Receipt
Mailing Address 376 W. 10th Ave.		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2020"/>
City Columbus	State OH	Zip Code 43210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.10798
Name of Employer (for Individual) The Ohio State Univ.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
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: PAGE 10 OF 24
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Society for Vascular Surgery Political Action Committee

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

Mailing Address 4802 10th Ave, Admin Building

City Brooklyn	State NY	Zip Code 11219
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2020

Transaction ID : SA11AI.10799

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 530 1st Ave suite 6F

City New York	State NY	Zip Code 10016
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2020

Transaction ID : SA11AI.10800

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2105 Hawthorne Road

City Ottawa Hills	State OH	Zip Code 43606
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

Transaction ID : SA11AI.10805

Amount of Each Receipt this Period
100.00

Memo Item

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: (check only one)	PAGE 11 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 30 N. 1900th

City Salt Lake City	State UT	Zip Code 84132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2020

Transaction ID : SA11AI.10807

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

Name of Employer (for Individual) Univ. of Utah Medical Center	Occupation (for Individual) vascular surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

Transaction ID : SA11AI.10808

Amount of Each Receipt this Period
85.00

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
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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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2020

Transaction ID : SA11AI.10810

Amount of Each Receipt this Period
100.00

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 12 OF 24
<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. Luh, Eddy, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8930 W. Sunset Road
 Suite 300
 City Las Vegas State NV Zip Code 89148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Las Vegas Surgical Assocs Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2020
Transaction ID : SA11AI.10811
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Maldonado, Thomas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 1st Ave
 Suite 6F
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Vascular Assocs. Occupation (for Individual) vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2020
Transaction ID : SA11AI.10814
 Amount of Each Receipt this Period 500.00
 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 11 / 05 / 2020
Transaction ID : SA11AI.10820
 Amount of Each Receipt this Period 500.00
 Memo Item

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:	PAGE 13 OF 24
	(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"/> 15
	<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. 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

M M / D D / Y Y Y Y Y
11 / 20 / 2020

Transaction ID : SA11Al.10823

Amount of Each Receipt this Period

100.00

 Memo Item

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

Mailing Address 670 Woodthrus Way

City Hummelstown	State PA	Zip Code 17036
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Hershey Medical Center	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 Y
10 / 16 / 2020

Transaction ID : SA11Al.10827

Amount of Each Receipt this Period

250.00

 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 ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2020

Transaction ID : SA11Al.10828

Amount of Each Receipt this Period

500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 24
	<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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2020
Transaction ID : SA11AI.10829
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2020
Transaction ID : SA11AI.10830
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2020
Transaction ID : SA11AI.10831
 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 15 OF 24
<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. Roland, Claude, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1054 Kiwassa Lake

City Saranac	State NY	Zip Code 12983
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Champlain Valley Vascular Surg	Occupation (for Individual) vascular surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2020

Transaction ID : SA11AI.10832

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1200 N. State Room 9442

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

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

Name of Employer (for Individual) Dept. of Surgery	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

Transaction ID : SA11AI.10833

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2 Tampa General Circle

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2020

Transaction ID : SA11AI.10836

Amount of Each Receipt this Period
250.00

Memo Item

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 OF 24
	<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. Sideman, Matthew, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7703 Floyd Curl Drive
 City San Antonio State TX Zip Code 78229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSCSA Occupation (for Individual) Vascular Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2020
Transaction ID : SA11AI.10837
 Amount of Each Receipt this Period 1000.00
 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 ▼ 1900.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.10841
 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 ▼ 2000.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.10842
 Amount of Each Receipt this Period 100.00
 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: PAGE 17 OF 24
(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. 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 ▼ 2100.00

Date of Receipt 11 / 20 / 2020
Transaction ID : SA11AI.10843
 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 ▼ 2200.00

Date of Receipt 11 / 20 / 2020
Transaction ID : SA11AI.10844
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Srivastava, Sunita, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2671 Cranlyn Road
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cleveland Clinic Occupation (for Individual) Vascular surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.10846
 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 18 OF 24
	<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. 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 ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2020

Transaction ID : SA11AI.10847

Amount of Each Receipt this Period
100.00

Memo Item

B. 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	/	D D	/	Y Y Y Y
11	/	04	/	2020

Transaction ID : SA11AI.10850

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address P.O. Box 21

City Salem	State OR	Zip Code 97308
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	20	/	2020

Transaction ID : SA11AI.10852

Amount of Each Receipt this Period
100.00

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 19 OF 24
<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. Tawil, Anan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 21

City Salem	State OR	Zip Code 97308
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2020

Transaction ID : SA11AI.10853

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1510 San Pardo

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2020

Transaction ID : SA11AI.10858

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 ▼
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2020

Transaction ID : SA11AI.10859

Amount of Each Receipt this Period
100.00

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:	PAGE 20 OF 24
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

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 ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2020

Transaction ID : SA11Al.10860

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	12351.00

**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. BOYLE, BRENDAN F, , ,

Mailing Address PO BOX 14310

City
PHILADELPHIA

State
PA

Zip Code
19115

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2020			

FEC Identification Number

C H4PA13199

Transaction ID : SB23.10877

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON, LARRY D., , ,

Mailing Address PO BOX 250

City
NEWBURGH

State
IN

Zip Code
47629

Purpose of Disbursement
Check was never cashed for event on 1/22/2020. SVS stopped payment on 11/13/2020

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2020			

FEC Identification Number

C H0IN08114

Transaction ID : SB23.10901

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BURGESS, MICHAEL C. DR., , ,

Mailing Address PO BOX 2334

City
DENTON

State
TX

Zip Code
76202

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2020			

FEC Identification Number

C H2TX26093

Transaction ID : SB23.10899

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. BUSTOS, CHERI, , ,

Mailing Address PO BOX 65322

City
WASHINGTON

State
DC

Zip Code
20035

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2020			

FEC Identification Number

C H2IL17071

Transaction ID : SB23.10880

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DELBENE FOR CONGRESS

Mailing Address PO BOX 477

City
KIRKLAND

State
WA

Zip Code
98083

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			

FEC Identification Number

C C00459099

Transaction ID : SB23.10885

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FINKENAUER, ABBY, , ,

Mailing Address PO BOX 598

City
DUBUQUE

State
IA

Zip Code
52004

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			

FEC Identification Number

C H8IA01094

Transaction ID : SB23.10868

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAN KILDEE

Mailing Address P.O. BOX 248

City
FLINT

State
MI

Zip Code
48501

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			

FEC Identification Number

C C00499947

Transaction ID : SB23.10894

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GOMEZ, JIMMY, , ,

Mailing Address 777 S FIGUEROA ST SUITE 4050

City
LOS ANGELES

State
CA

Zip Code
90017

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			

FEC Identification Number

C H8CA34266

Transaction ID : SB23.10872

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			

FEC Identification Number

C H6WI03099

Transaction ID : SB23.10873

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7500.00

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. MARSHALL, ROGER W, , ,

Mailing Address 4501 QUAIL CREEK DR

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			20	20		

FEC Identification Number

C S0KS00315

Transaction ID : SB23.10875

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHNEIDER, BRADLEY SCOTT, , ,

Mailing Address PO BOX 1318

City
DEERFIELD

State
IL

Zip Code
60015

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			20	20		

FEC Identification Number

C H2IL10068

Transaction ID : SB23.10874

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WEBB, BRYANT CAMERON DR., , ,

Mailing Address PO BOX 679

City
CHARLOTTESVILLE

State
VA

Zip Code
22902

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 05

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			20	20		

FEC Identification Number

C H0VA05145

Transaction ID : SB23.10866

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)..... ▶

4500.00

20000.00