

**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 ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **13 ELM STREET**  
 Check if different than previously reported. (ACC) **MANCHESTER MA 01944 1314**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00381459

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

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) Election on 11 05 2002 in the State of  
 (d) 30-Day Post -Election Report for the: Convention (12C) Special (12G) General (30G) Runoff (30R) Special (30S)

5. Covering Period 10 01 2002 through 11 25 2002

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 Dr. Robert Zwolak

Signature of Treasurer Electronically Filed by Dr. Robert Zwolak Date 12 05 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>10</sup> 10 <sup>01</sup> 01 <sup>2002</sup> 2002 To: <sup>11</sup> 11 <sup>25</sup> 25 <sup>2002</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>2002</sup> 2002		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	923.63	
(c) Total Receipts (from Line 19) .....	34500.00	35500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35423.63	35500.00
7. Total Disbursements (from Line 30) .....	47.53	123.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35376.10	35376.10
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>W</sup>10 <sup>D</sup>01 <sup>Y</sup>2002 To: <sup>W</sup>11 <sup>D</sup>25 <sup>Y</sup>2002

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) .....	30750.00	
(ii) Unitemized .....	3750.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	34500.00	35500.00
(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 32, page 4) .....	34500.00	35500.00
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 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	34500.00	35500.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	34500.00	35500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	47.53	123.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	47.53	123.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
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.....	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.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	47.53	123.90
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	47.53	123.90
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	34500.00	35500.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	34500.00	35500.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	47.53	123.90
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	47.53	123.90

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

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

FOR LINE NUMBER: PAGE 5 / 25

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. Dr. Alex D. Ammer**

Mailing Address  
345 N. Belmont

City State Zip Code  
Wichita KS 67208

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 01 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Wichita Surgical Specialists Vascular Surgeon

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

Transaction ID: SA11A1.4188

Full Name (Last, First, Middle Initial)  
**B. Dr. Joseph P. Archia, Jr.**

Mailing Address  
2309 Woodrow Drive

City State Zip Code  
Raleigh NC 27609

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Retired Vascular Surgeon

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

Transaction ID: SA11A1.4154

Full Name (Last, First, Middle Initial)  
**C. Dr. Jeffrey L. Beland**

Mailing Address  
1580 Smiley Heights Drive

City State Zip Code  
Redlands CA 92375

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 18 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Loma Linda Univ. Med. Ctr. Vascular Surgeon

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

Transaction ID: SA11A1.4280

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. B. Timothy Baxter

Mailing Address  
5121 Burt Street

City State Zip Code  
Omaha NE 68132

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 31 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.4166

**B.** Full Name (Last, First, Middle Initial)  
Dr. David C. Brewster

Mailing Address  
73 Laurel Road

City State Zip Code  
Chestnut Hill MA 02467

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 31 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Mass. General Hospital Occupation  
Vascular Surgeon

Contribution

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

Transaction ID: SA11A1.4164

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donald L. Britcker

Mailing Address  
3420 22nd Place

City State Zip Code  
Lubbock TX 79410

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 29 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Physician

Contribution

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

Transaction ID: SA11A1.4158

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. Dr. Thomas E. Brothers**

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 08 / 2002

Mailing Address  
96 Jonathan Lucas St. POB 250614 Suite 424  
City State Zip Code  
Charleston SC 29425

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Medical Univ. of South Carolina Surgeon

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

Transaction ID: SA11A1.4252

Full Name (Last, First, Middle Initial)  
**B. Dr. Clifford J. Buckley**

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 01 / 2002

Mailing Address  
14248 FM 2268  
City State Zip Code  
Holland TX 76534

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Scott & White Hospital Surgeon

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

Transaction ID: SA11A1.4208

Full Name (Last, First, Middle Initial)  
**C. Dr. Joseph L. Byrne**

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 30 / 2002

Mailing Address  
5123 Duguid Road  
City State Zip Code  
Manlius NY 12104

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Vascular Surgeons of Central NY Vascular Surgeon

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

Transaction ID: SA11A1.4182

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Keith Caligera

Mailing Address

655 Moreno Road

City

State

Zip Code

Narberth

PA

19072

Date of Receipt

N M / D E / Y Y Y Y  
10 / 30 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self

Occupation  
Physician

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4184

Full Name (Last, First, Middle Initial)

B. Dr. Saqib S. Chaudhry

Mailing Address

142 Reni Road

City

State

Zip Code

Manhasset

NY

11030-1225

Date of Receipt

N M / D E / Y Y Y Y  
11 / 12 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self

Occupation  
Vascular Surgeon

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4254

Full Name (Last, First, Middle Initial)

C. Dr. Ismar Ghitara

Mailing Address

101 E. State Avenue

City

State

Zip Code

Phoenix

AZ

85020

Date of Receipt

N M / D E / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Private Practice - Self

Occupation  
Vascular Surgeon

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4132

**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)  
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FOR LINE NUMBER: PAGE 9 / 25

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Carlo A. Dall'Almo

Mailing Address  
1800 Tiverton Road

City State Zip Code  
Bloomfield Hills MI 48304

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Vascular Surgical Assoc. Physician

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

Transaction ID: SA11A1.4268

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ronald L. Delman

Mailing Address  
385 Cervantes Road

City State Zip Code  
Portola Valley CA 94028

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Stanford University Surgeon / Professor

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

Transaction ID: SA11A1.4138

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael C. Dalsing

Mailing Address  
9010 Greenridge Way

City State Zip Code  
Indianapolis IN 46278-2227

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 14 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Indiana Univ. Medical School Physician

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

Transaction ID: SA11A1.4270

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Herbert Dardik

Mailing Address

270 Highwood Avenue

City

State

Zip Code

Tenafly

NJ

07670

Date of Receipt

N M / D E / Y Y Y Y  
11 / 01 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Eng. Hosp & Medical Center

Occupation  
Vascular Surgeon

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4196

Full Name (Last, First, Middle Initial)

B. Dr. Edward B. Diehrish

Mailing Address

2632 N. 20th Street

City

State

Zip Code

Phoenix

AZ

85006-1339

Date of Receipt

N M / D E / Y Y Y Y  
10 / 21 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
AHI Cardiovascular Surgeons

Occupation  
Heart Surgeon

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4115

Full Name (Last, First, Middle Initial)

C. Dr. William Doseher

Mailing Address

76 Nassau Drive

City

State

Zip Code

Great Neck

NY

11021-1441

Date of Receipt

N M / D E / Y Y Y Y  
11 / 04 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self

Occupation  
Vascular Surgeon

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4220

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 25	
	<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 ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Dr. Daniel F. Fisher, Jr.**

Mailing Address  
 Erlander Med. Mall, 979 E 3rd St. Suite C-300  
 City State Zip Code  
 Chattanooga TN 37403

Date of Receipt  
 N M / D E / Y Y Y Y  
 11 / 12 / 2002

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Surgeon Contribution

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

Transaction ID: SA11A1.4256

Full Name (Last, First, Middle Initial)  
**B. Dr. D. Preston Flanigan**

Mailing Address  
 11691 Wilding Road  
 City State Zip Code  
 Santa Anna CA 92705

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 / 29 / 2002

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Physician Contribution

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

Transaction ID: SA11A1.4142

Full Name (Last, First, Middle Initial)  
**C. Dr. Julie Ann Frelechlag**

Mailing Address  
 10641 Butterfield Road  
 City State Zip Code  
 Los Angeles CA 90064

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 / 21 / 2002

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee.

Name of Employer UCLA, Div. of Vascular Surgery Occupation Physician Contribution

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

Transaction ID: SA11A1.4109

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Dennis R. Gable

Mailing Address

6631 Missy Drive

City

Dallas

State

TX

Zip Code

75252

Date of Receipt

N M / D E / Y Y Y Y  
11 / 12 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Texas Vascular Assoc. P.A.

Occupation

Vascular Surgeon

Contribution

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4258

Full Name (Last, First, Middle Initial)

B. Dr. Wilson V. Garrett

Mailing Address

7407 VZCR 1507

City

Grand Saline

State

TX

Zip Code

75140

Date of Receipt

N M / D E / Y Y Y Y  
11 / 12 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Texas Vascular Assoc. P.A.

Occupation

Vascular Surgeon

Contribution

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4264

Full Name (Last, First, Middle Initial)

C. Dr. John F. Golin

Mailing Address

260 Locust Road

City

Winnetka

State

IL

Zip Code

60093

Date of Receipt

N M / D E / Y Y Y Y  
10 / 31 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Evanston/N.W. Health Care

Occupation

Vascular Surgeon

Contribution

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4168

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

**2000.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth Grant

Mailing Address

45581 Harmony Lane

City

Belleville

State

MI

Zip Code

48111

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Valley Vascular Assoc.

Occupation  
Physician

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4230

Full Name (Last, First, Middle Initial)

B. Dr. Michael P. Harrington

Mailing Address

123 Shady Branch Trail

City

Ormond Beach

State

FL

Zip Code

32174

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self

Occupation  
Physician

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4148

Full Name (Last, First, Middle Initial)

C. Dr. Jeremiah H. Holleman, Jr.

Mailing Address

3910 Ayscough Road

City

Charlotte

State

NC

Zip Code

28211

Date of Receipt

MM / DD / YYYY  
11 / 15 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
The Sanger Clinic

Occupation  
Physician

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4276

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Dr. Michael D. Ingegno**

Date of Receipt  
 N M / D E / Y Y Y Y  
 11 / 18 / 2002

Mailing Address  
 6031 Ascot Drive

City State Zip Code  
 Oakland CA 94611

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
 Gen. Vascular Surgery Med. Group Vascular Surgeon

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

Transaction ID: SA11A1.4278

Full Name (Last, First, Middle Initial)  
**B. Dr. Glenn Robert Jacobowitz**

Date of Receipt  
 N M / D E / Y Y Y Y  
 11 / 20 / 2002

Mailing Address  
 212 Sunny Ridge Road

City State Zip Code  
 Harrison NY 10528-1910

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
 NYU School of Medicine Physician

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

Transaction ID: SA11A1.4286

Full Name (Last, First, Middle Initial)  
**C. Dr. K. Craig Kent**

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 / 30 / 2002

Mailing Address  
 1320 York Avenue

City State Zip Code  
 New York NY 10021

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
 Cornell Medical Center Physician

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

Transaction ID: SA11A1.4180

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Marvin E. Kuehner

Mailing Address  
 1509 N. Wood Avenue

City State Zip Code  
 Marshfield WI 54449-1253

Date of Receipt  
 N M / D E / Y Y Y Y  
 11 07 2002

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
 Marshfield Clinic Physician

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

Transaction ID: SA11A1.4240

**B.** Full Name (Last, First, Middle Initial)  
 Dr. George S. Lvenson

Mailing Address  
 609 W. Acequia Suite C

City State Zip Code  
 Visalia CA 93291

Date of Receipt  
 N M / D E / Y Y Y Y  
 11 18 2002

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
 Self Physician

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

Transaction ID: SA11A1.4282

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Fred N. Litoy

Mailing Address  
 525 W. Roscoe, #3E

City State Zip Code  
 Chicago IL 60657

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 31 2002

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
 Loyola Univ. Medical Center Physician

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

Transaction ID: SA11A1.4162

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregg L. Landrey

Mailing Address  
9 Huntly Road

City State Zip Code  
Richmond VA 23226

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Vascular Surgical Assoc. Physician

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

Transaction ID: SA11A1.4224

**B.** Full Name (Last, First, Middle Initial)  
Dr. John B. Long

Mailing Address  
130 La Questa Way

City State Zip Code  
Woodside CA 94062-2424

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Self Surgeon

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

Transaction ID: SA11A1.4214

**C.** Full Name (Last, First, Middle Initial)  
Dr. Vito Martens

Mailing Address  
9382 Sonora Avenue

City State Zip Code  
St. Louis MO 63144-1010

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
West Country Surgery Vascular Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.4174

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1400.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Jon Matsumura  
 Mailing Address  
 1252 N Franklin  
 City State Zip Code  
 River Forest IL 60305  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 11 08 2002  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation Contribution  
 Northwestern University Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00  
 Transaction ID: SA11A1.4246

**B.** Full Name (Last, First, Middle Initial)  
 Dr. John M. Meliduff  
 Mailing Address  
 5457 Pepper Mill Road  
 City State Zip Code  
 Grand Blanc MI 48439  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 11 01 2002  
 Amount of Each Receipt this Period  
 400.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation Contribution  
 Vascular Surg. Assoc. Vascular Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 400.00  
 Transaction ID: SA11A1.4194

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Kavitha A. Mehta  
 Mailing Address  
 608 NW 9th Suite B 5204  
 City State Zip Code  
 Oklahoma City OK 73102  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 10 29 2002  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation Contribution  
 Self Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00  
 Transaction ID: SA11A1.4156

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1400.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 25	
	<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 ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Dr. Louis M. Messina** Date of Receipt  
 Mailing Address  
 410 Hilary Drive  
 City State Zip Code  
 Tiburon CA 94920  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation Contribution  
 University of CA, San Francisco Vascular Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00  
 Transaction ID: SA11A1.4208

Full Name (Last, First, Middle Initial)  
**B. Dr. Sish Muk** Date of Receipt  
 Mailing Address  
 116 Radcliff Drive  
 City State Zip Code  
 Pittsburgh PA 15237  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation Contribution  
 Univ. of Pittsburgh Physicians Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00  
 Transaction ID: SA11A1.4210

Full Name (Last, First, Middle Initial)  
**C. Dr. Kenneth Outel** Date of Receipt  
 Mailing Address  
 32419 Pinebrook Lane  
 City State Zip Code  
 Pepper Pike OH 44124  
 Amount of Each Receipt this Period  
 750.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation Contribution  
 The Cleveland Clinic Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 750.00  
 Transaction ID: SA11A1.4218

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 25	
	<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 ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas A. Painter

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2002

Mailing Address  
221 S. Derbyshire

City State Zip Code  
Arlington Heights IL 60004

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Vascular Surgeon Contribution

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

Transaction ID: SA11A1.4216

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory J. Pearl

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2002

Mailing Address  
3811 Beverly Drive

City State Zip Code  
Dallas TX 75205

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Texas Vascular Assoc. P.A. Occupation Vascular Surgeon Contribution

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

Transaction ID: SA11A1.4260

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael A. Ricci

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 07 / 2002

Mailing Address  
189 N. Harbor Road

City State Zip Code  
Colchester VT 05446

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Fletcher Allen Health Care Occupation Vascular Surgeon Contribution

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

Transaction ID: SA11A1.4236

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas S. Riles

Mailing Address

17 Jones Park Drive

City

State

Zip Code

Riverside

CT

06878

Date of Receipt

N M / D E / Y Y Y Y  
10 / 04 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
NYU School of Medicine

Occupation  
Physician

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4107

Full Name (Last, First, Middle Initial)

B. Dr. L. Richard Roedersheimer

Mailing Address

5383 Manortree Court

City

State

Zip Code

Cincinnati

OH

42538

Date of Receipt

N M / D E / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Craley Surg. Assoc. Inc.

Occupation  
Physician

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4144

Full Name (Last, First, Middle Initial)

C. Dr. David Rosenthal

Mailing Address

341 Lands Mill, SE

City

State

Zip Code

Marietta

GA

30067

Date of Receipt

N M / D E / Y Y Y Y  
11 / 15 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self

Occupation  
Vascular Surgeon

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4274

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 25	
	<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 ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Clifford M. Sales

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2002

Mailing Address  
45 Far Brook Drive

City State Zip Code  
Short Hills NJ 07078

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Thoracic CV Surgical Group Physician

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

Transaction ID: SA11A1.4266

**B.** Full Name (Last, First, Middle Initial)  
Dr. Russell H. Samson, PA

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2002

Mailing Address  
5741 Bee Ridge Road Suite 400

City State Zip Code  
Sarasota FL 34233

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Mote Vascular Foundation Physician

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

Transaction ID: SA11A1.4204

**C.** Full Name (Last, First, Middle Initial)  
Dr. Harry Schanzer

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2002

Mailing Address  
993 Park Avenue

City State Zip Code  
New York NY 10028

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Self Physician

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

Transaction ID: SA11A1.4140

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 25
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. Dr. Larry A. Scher**

Mailing Address  
300 Community Drive  
City State Zip Code  
Manhasset NY 11030

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
North Shore Univ. Hospital Physician

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

Transaction ID: SA11A1.4123

Full Name (Last, First, Middle Initial)  
**B. Dr. Alexander Shepard**

Mailing Address  
855 Balfour Road  
City State Zip Code  
Grosse Pointe Pk. MI 48230

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 07 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Henry Ford Hospital Physician

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

Transaction ID: SA11A1.4238

Full Name (Last, First, Middle Initial)  
**C. Dr. Gregorio A. Sicard**

Mailing Address  
10370 Whitebridge Lane  
City State Zip Code  
St. Louis MO 63141

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Barnes-Jewish Hospital/WUSM Physician

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

Transaction ID: SA11A1.4190

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bertram L. Smith

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2002

Mailing Address  
4508 Belclore Avenue

City State Zip Code  
Dallas TX 75205

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Texas Vascular Assoc., P.A. Vascular Surgeon

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

Transaction ID: SA11A1.4262

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert B. Smith, III

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2002

Mailing Address  
2701 Coldwater Canyon Drive

City State Zip Code  
Tucker GA 30084

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Emory University Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.4198

**C.** Full Name (Last, First, Middle Initial)  
Dr. Willie H. Wagner

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 05 / 2002

Mailing Address  
156 So. Las Palmas Avenue

City State Zip Code  
Los Angeles CA 90004

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.4228

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1300.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas W. Wakefield

Mailing Address

2125 Ridge Avenue

City

Ann Arbor

State

MI

Zip Code

48104

Date of Receipt

N M / D E / Y Y Y Y  
10 / 31 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Univ. of Michigan

Occupation  
Vascular Surgeon

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4170

Full Name (Last, First, Middle Initial)

B. Dr. Daniel B. Welsh

Mailing Address

1464 Beaver Meadow Road

City

Norwich

State

VT

Zip Code

05055

Date of Receipt

N M / D E / Y Y Y Y  
10 / 24 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
DHMC

Occupation  
Physician

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4119

Full Name (Last, First, Middle Initial)

C. Dr. Fred A. Weaver

Mailing Address

4249 Oakwood Avenue

City

La Canada

State

CA

Zip Code

91011

Date of Receipt

N M / D E / Y Y Y Y  
11 / 14 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self

Occupation  
Physician

Contribution

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4272

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 25 / 25
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ralph C. Whalen

Mailing Address  
3350 Stonebrooke Lane

City State Zip Code  
Maumee OH 43537

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 20 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Vascular Surgeon

Contribution

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

Transaction ID: SA11A1.4134

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edward A. Wolf, Jr.

Mailing Address  
108 Pontiac Lane

City State Zip Code  
San Antonio TX 78232

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Peripheral Vascular Assoc. Occupation  
Peripheral Vascular Assoc. Physician

Contribution

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

Transaction ID: SA11A1.4130

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>30750.00</b>