

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		102658.23
(b) Cash on Hand at Beginning of Reporting Period.....	102658.23	
(c) Total Receipts (from Line 19)	46119.98	46119.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	148778.21	148778.21
7. Total Disbursements (from Line 31).....	75500.00	75500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	73278.21	73278.21
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 (Rev. 06/2004)

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).....	37399.98	37399.98
(ii) Unitemized	8720.00	8720.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46119.98	46119.98
(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)	46119.98	46119.98
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))..... ▶	46119.98	46119.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46119.98	46119.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	75500.00	75500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(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)) ..	75500.00	75500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75500.00	75500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	46119.98	46119.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46119.98	46119.98
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 56
<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

Full Name (Last, First, Middle Initial) A. Dr. Mark A Adelman		Date of Receipt MM / DD / YYYY 04 / 04 / 2013 Transaction ID : SA11AI.7133
Mailing Address 530 1st Ave Suite 6F		Amount of Each Receipt this Period 500.00
City New York	State Zip Code NY 10016	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer NYU Vascular Assocs	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Allen		Date of Receipt MM / DD / YYYY 03 / 20 / 2013 Transaction ID : SA11AI.7106
Mailing Address 626 Queens Road # 101		Amount of Each Receipt this Period 500.00
City Charlotte	State Zip Code NC 28207	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Hawthorne CTV Surgeons	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George Anton		Date of Receipt MM / DD / YYYY 06 / 27 / 2013 Transaction ID : SA11AI.7259
Mailing Address 6801 Mayfield Road		Amount of Each Receipt this Period 250.00
City Cleveland	State Zip Code OH 44124	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Cleveland Clinic Foundation	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<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 (Last, First, Middle Initial) A. Dr. Martin Back		Date of Receipt MM / DD / YYYY 05 / 06 / 2013 Transaction ID : SA11AI.7185
Mailing Address 4 Columbia Drive Suite 650		Amount of Each Receipt this Period 500.00
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee.	C	
Name of Employer University of South Florida	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Russell Becker		Date of Receipt MM / DD / YYYY 03 / 08 / 2013 Transaction ID : SA11AI.7069
Mailing Address 5020 W. Bristol Road		Amount of Each Receipt this Period 250.00
City Flint	State MI	Zip Code 48507
FEC ID number of contributing federal political committee.	C	
Name of Employer Michigan Vascular Center	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Belkin		Date of Receipt MM / DD / YYYY 03 / 10 / 2013 Transaction ID : SA11AI.7070
Mailing Address 75 Francis Street Div. Vas. Surgery		Amount of Each Receipt this Period 500.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee.	C	
Name of Employer Brigham and Women's Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
<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 (Last, First, Middle Initial) A. Dr. Todd Berland		Date of Receipt
Mailing Address 530 1st Ave Suite 6F		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.7137
Name of Employer NYU Vascular Assocs		Amount of Each Receipt this Period
Occupation vascular surgeon		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Dr. Irwin M. Best		Date of Receipt
Mailing Address 1364 Clifton Road, NE		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Atlanta	State GA	Zip Code 30322
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.7246
Name of Employer Emory Univ. Hospital		Amount of Each Receipt this Period
Occupation vascular surgeon		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) C. Dr. James H. Black		Date of Receipt
Mailing Address 600 N. Wolfe Street Harvey 611		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Baltimore	State MD	Zip Code 21287
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.7043
Name of Employer John Hopkins Hospital		Amount of Each Receipt this Period
Occupation vascular surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 9 OF 56
(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. Dr. Bruce J Brener
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 South Orange Avenue
 City Livingston State NJ Zip Code 07039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vascular Assoc of New Jersey Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2013
Transaction ID : SA11AI.7062
 Amount of Each Receipt this Period 500.00

B. Dr. Thomas Brothers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1370 Eden Road
 City Awendaw State SC Zip Code 29429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2013
Transaction ID : SA11AI.7144
 Amount of Each Receipt this Period 1000.00

C. Dr. Ruth L Bush
 Full Name (Last, First, Middle Initial)
 Mailing Address Texas A&M Univ.
 City Temple State TX Zip Code 76508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott & White Hospital Occupation Vascular Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2013
Transaction ID : SA11AI.7192
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 56
(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

Full Name (Last, First, Middle Initial)
A. Dr. Ruth L Bush

Mailing Address Texas A&M Univ.

City State Zip Code
 Temple TX 76508

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

Name of Employer Occupation
 Scott & White Hospital 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
 05 / 20 / 2013

Transaction ID : SA11AI.7209

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dr. Richard Cambria

Mailing Address 15 Parkman Street

City State Zip Code
 Boston MA 02114

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

Name of Employer Occupation
 Mass General Hospital 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
 06 / 20 / 2013

Transaction ID : SA11AI.7247

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
c. Dr. Neal S Cayne

Mailing Address 530 1st Ave
 Suite 6F

City State Zip Code
 New York NY 10016

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

Name of Employer Occupation
 NYU Vascular Assoc vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013

Transaction ID : SA11AI.7141

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jae Sung Cho
Full Name (Last, First, Middle Initial)

Mailing Address 5200 Center Avenue
Suite 307

City Pittsburgh State PA Zip Code 15232

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

Name of Employer Shadyside Medical Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 18 / 2013
Transaction ID : SA11AI.7084

Amount of Each Receipt this Period
500.00

B. Dr. William D Clouse
Full Name (Last, First, Middle Initial)

Mailing Address 4860 Y Street
Suite 3400

City Sacramento State CA Zip Code 95817

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

Name of Employer UC Davis Vascular Center Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 06 / 2013
Transaction ID : SA11AI.7240

Amount of Each Receipt this Period
250.00

C. Carlo Dall'Olmo
Full Name (Last, First, Middle Initial)

Mailing Address 5020 W. Bristol Road

City Flint State MI Zip Code 48507

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

Name of Employer Michigan Vascular Center Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 20 / 2013
Transaction ID : SA11AI.7205

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
<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. Carlo Dall'Olmo
Full Name (Last, First, Middle Initial)

Mailing Address 5020 W. Bristol Road

City Flint State MI Zip Code 48507

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

Name of Employer Michigan Vascular Center Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : SA11AI.7252

Amount of Each Receipt this Period
 50.00

B. Dr. Ronald Dalman
Full Name (Last, First, Middle Initial)

Mailing Address 395 Cervantes Road

City Portola Valley State CA Zip Code 94028

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

Name of Employer Stanford University Med Ctr Occupation 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
 06 / 20 / 2013
Transaction ID : SA11AI.7253

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1801 N. Senate Blvd

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana University Med School Occupation 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
 03 / 25 / 2013
Transaction ID : SA11AI.7112

Amount of Each Receipt this Period
 1000.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 56
(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. Dr. R. Clement Darling
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Park Edge Lane
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Private Practice Occupation 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
 06 / 06 / 2013
Transaction ID : SA11AI.7244
 Amount of Each Receipt this Period
 1000.00

B. David Deaton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1593 Piscataway Road
 City Crownsville State MD Zip Code 21032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Private Practice Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : SA11AI.7038
 Amount of Each Receipt this Period
 250.00

C. David Deaton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1593 Piscataway Road
 City Crownsville State MD Zip Code 21032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Private Practice Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : SA11AI.7154
 Amount of Each Receipt this Period
 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Ralph Denatale
Full Name (Last, First, Middle Initial)

Mailing Address 280 State Street

City North Haven State CT Zip Code 06473

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

Name of Employer CT Vascular Center, PC Occupation 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 Y
04 / 16 / 2013
Transaction ID : SA11AI.7153

Amount of Each Receipt this Period
250.00

B. Dr. Peter L Faries
Full Name (Last, First, Middle Initial)

Mailing Address 6 Red Oak Drive

City Rye State NY Zip Code 10580

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

Name of Employer Mount Sinai Medical Ctr Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 14 / 2013
Transaction ID : SA11AI.7197

Amount of Each Receipt this Period
500.00

C. Dr. Robert J Feezor
Full Name (Last, First, Middle Initial)

Mailing Address 1600 SW Archer Road NG-51

City Gainesville State FL Zip Code 32610

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

Name of Employer University of Florida Vascular Occupation 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 Y
05 / 30 / 2013
Transaction ID : SA11AI.7230

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Julie Freischlag
Full Name (Last, First, Middle Initial)
Mailing Address East Baltimore Campus
City Baltimore State MD Zip Code 21205
FEC ID number of contributing federal political committee. **C**
Name of Employer Johns Hopkins Univ. Sof M Occupation vascular surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 26 / 2013**
Transaction ID : SA11AI.7116
Amount of Each Receipt this Period **500.00**

B. Dr. Dennis R Gable
Full Name (Last, First, Middle Initial)
Mailing Address 5061 Royal Creek Lane
City Plano State TX Zip Code 75093
FEC ID number of contributing federal political committee. **C**
Name of Employer Private practice Occupation Vascular Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2013**
Transaction ID : SA11AI.7176
Amount of Each Receipt this Period **1000.00**

C. Dr. Scott A Garner
Full Name (Last, First, Middle Initial)
Mailing Address 5151 Gateway Center Suite 400
City Flint State MI Zip Code 48507
FEC ID number of contributing federal political committee. **C**
Name of Employer Private Practice Occupation Vascular Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 18 / 2013**
Transaction ID : SA11AI.7041
Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Scott A Garner
Full Name (Last, First, Middle Initial)

Mailing Address 5151 Gateway Center
Suite 400

City Flint State MI Zip Code 48507

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 22 / 2013
Transaction ID : SA11AI.7056

Amount of Each Receipt this Period
250.00

B. Dr. Scott A Garner
Full Name (Last, First, Middle Initial)

Mailing Address 5151 Gateway Center
Suite 400

City Flint State MI Zip Code 48507

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
03 / 20 / 2013
Transaction ID : SA11AI.7102

Amount of Each Receipt this Period
100.00

C. Dr. Scott A Garner
Full Name (Last, First, Middle Initial)

Mailing Address 5151 Gateway Center
Suite 400

City Flint State MI Zip Code 48507

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
04 / 19 / 2013
Transaction ID : SA11AI.7168

Amount of Each Receipt this Period
100.00

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 18 OF 56
	<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 (Last, First, Middle Initial) A. Dr. Vivienne Halpern		Date of Receipt MM / DD / YYYY 05 / 16 / 2013
Mailing Address 1999 Marcus Ave Suite 106		Transaction ID : SA11AI.7200
City New Hyde Park	State NY	Zip Code 11042
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer NS-LIJ Health System	Occupation 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 (Last, First, Middle Initial) B. Dr. Allen Hamdan		Date of Receipt MM / DD / YYYY 03 / 25 / 2013
Mailing Address 110 Francis Street Suite 5B		Transaction ID : SA11AI.7110
City Boston	State MA	Zip Code 02215
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Beth Israel Deaconess	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Alfred D Harding Jr.		Date of Receipt MM / DD / YYYY 03 / 18 / 2013
Mailing Address 3867 Arden Street		Transaction ID : SA11AI.7087
City Jacksonville	State FL	Zip Code 32205
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self- private practice	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
<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 (Last, First, Middle Initial) A. Dr. Michael Harrington		Date of Receipt MM / DD / YYYY 06 / 20 / 2013 Transaction ID : SA11AI.7248
Mailing Address 1890 LPGA Blvd Suite 250		Amount of Each Receipt this Period 100.00
City Daytona Beach	State Zip Code FL 32117	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer Surgical Assocs. of Volusia	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul B Haser		Date of Receipt MM / DD / YYYY 03 / 20 / 2013 Transaction ID : SA11AI.7095
Mailing Address 392 Lewis Street		Amount of Each Receipt this Period 100.00
City Somerset	State Zip Code NJ 08873	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer UMDNJ-RWJMS	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul B Haser		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 Transaction ID : SA11AI.7161
Mailing Address 392 Lewis Street		Amount of Each Receipt this Period 100.00
City Somerset	State Zip Code NJ 08873	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer UMDNJ-RWJMS	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 21 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Paul B Haser
 Full Name (Last, First, Middle Initial)
 Mailing Address 392 Lewis Street
 City Somerset State NJ Zip Code 08873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMDNJ-RWJMS Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : SA11AI.7212
 Amount of Each Receipt this Period
 100.00

B. Dr. Roger M. Hayashi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2512 Samaritan Court Suite E
 City San Jose State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vascular Associates Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : SA11AI.7082
 Amount of Each Receipt this Period
 500.00

C. Dr. Stephen J. Hoenig
 Full Name (Last, First, Middle Initial)
 Mailing Address John Cumming Bldg., #770 131 Ornac
 City Concord State MA Zip Code 01742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson Hospital Occupation 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
 03 / 04 / 2013
Transaction ID : SA11AI.7065
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 56
(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. Dr. Karl A Illig
 Full Name (Last, First, Middle Initial)
 Mailing Address 1274 Clover Street
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Occupation 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
 03 / 29 / 2013
Transaction ID : SA11AI.7123
 Amount of Each Receipt this Period
 250.00

B. Dr. Glenn R Jacobowitz
 Full Name (Last, First, Middle Initial)
 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 NYU Vascular Assocs Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : SA11AI.7134
 Amount of Each Receipt this Period
 500.00

C. Dr. Lowell S Kabnick
 Full Name (Last, First, Middle Initial)
 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 NYU Vascular Assocs Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : SA11AI.7136
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
<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 (Last, First, Middle Initial) A. Dr. Manju Kalra		Date of Receipt MM / DD / YYYY 04 / 03 / 2013 Transaction ID : SA11AI.7130
Mailing Address 200 First Street, SW		Amount of Each Receipt this Period 1000.00
City Rochester	State MN	Zip Code 55905
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Mayo Foundation	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Todd K. Kihara		Date of Receipt MM / DD / YYYY 03 / 18 / 2013 Transaction ID : SA11AI.7088
Mailing Address 1802 S. Yakima Suite 204		Amount of Each Receipt this Period 250.00
City Tacoma	State WA	Zip Code 98405
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Franciscan Vascular Assocs.	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Kirkland		Date of Receipt MM / DD / YYYY 03 / 28 / 2013 Transaction ID : SA11AI.7118
Mailing Address 504 Redmond Road		Amount of Each Receipt this Period 500.00
City Rome	State GA	Zip Code 30165
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer The Harbin Clinic	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Patrick J. Lamparello

Full Name (Last, First, Middle Initial)
Mailing Address 530 First Street
Suite 6F

City New York State NY Zip Code 10016

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

Name of Employer NYU Langone Medical Center Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 04 / 2013
Transaction ID : SA11AI.7142

Amount of Each Receipt this Period
500.00

B. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 11 / 2013
Transaction ID : SA11AI.7077

Amount of Each Receipt this Period
100.00

C. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 08 / 2013
Transaction ID : SA11AI.7146

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 08 / 2013
Transaction ID : SA11AI.7188

Amount of Each Receipt this Period
100.00

B. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
06 / 07 / 2013
Transaction ID : SA11AI.7245

Amount of Each Receipt this Period
100.00

C. Dr. Gary W Lemmon

Full Name (Last, First, Middle Initial)
Mailing Address 2200 Philadelphia Dr.
Suite 400

City Dayton State OH Zip Code 45406

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

Name of Employer Good Samaritan Hosp Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 15 / 2013
Transaction ID : SA11AI.7151

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 56
(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

Full Name (Last, First, Middle Initial)
A. Dr. Fedor Lurie

Mailing Address 848 South Beretania Street
 Suite 307

City State Zip Code
 Honolulu HI 96813

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

Name of Employer Occupation
 Kistner Vein Clinic 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
 04 / 05 / 2013

Transaction ID : SA11AI.7145

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Michael Makaroun

Mailing Address 3110 MacCorkle Ave.

City State Zip Code
 Pittsburgh PA 15213

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

Name of Employer Occupation
 Univ. of Pittsburgh vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11AI.7120

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr. Thomas Maldonado

Mailing Address 530 1st Ave
 Suite 6F

City State Zip Code
 New York NY 10016

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

Name of Employer Occupation
 NYU Vascular Assocs. vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013

Transaction ID : SA11AI.7140

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Ashraf M Mansour
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 312

City State Zip Code
Ada MI 49301

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

Name of Employer Occupation
Spectrum Health 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
01 / 07 / 2013
Transaction ID : SA11AI.7023

Amount of Each Receipt this Period
250.00

B. Dr. Daniel I Martin
Full Name (Last, First, Middle Initial)

Mailing Address 239 Byron Ridge Drive

City State Zip Code
Albany GA 31721

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

Name of Employer Occupation
Private Practice 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
03 / 03 / 2013
Transaction ID : SA11AI.7063

Amount of Each Receipt this Period
1000.00

C. Dr. Jeffrey Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 125 Stanford

City State Zip Code
San Antonio TX 78212

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

Name of Employer Occupation
Peripheal Vascular Assocs 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
03 / 20 / 2013
Transaction ID : SA11AI.7098

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 56
(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

Full Name (Last, First, Middle Initial)
A. Dr. Jeffrey Martinez

Mailing Address 125 Stanford

City San Antonio State TX Zip Code 78212

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

Name of Employer Peripheal Vascular Assocs Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
04 / 19 / 2013
Transaction ID : SA11AI.7164

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Dr. Jeffrey Martinez

Mailing Address 125 Stanford

City San Antonio State TX Zip Code 78212

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

Name of Employer Peripheal Vascular Assocs Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
05 / 20 / 2013
Transaction ID : SA11AI.7215

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Dr. Jeffrey Martinez

Mailing Address 125 Stanford

City San Antonio State TX Zip Code 78212

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

Name of Employer Peripheal Vascular Assocs Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
06 / 20 / 2013
Transaction ID : SA11AI.7250

Amount of Each Receipt this Period
100.00

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: PAGE 30 OF 56
(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. Dr. John M McIlduff
 Full Name (Last, First, Middle Initial)
 Mailing Address 5457 Pepper Mill Road
 City State Zip Code
 Grand Blanc MI 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Private Practice Vascular Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : SA11AI.7219
 Amount of Each Receipt this Period
 250.00

B. Dr. Robert G. Molnar
 Full Name (Last, First, Middle Initial)
 Mailing Address G-5020 W. Bristol Road
 City State Zip Code
 Flint MI 48507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michigan Vascular Center 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
 03 / 18 / 2013
Transaction ID : SA11AI.7090
 Amount of Each Receipt this Period
 1000.00

C. Dr. Bart Muhs
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Cedar Street
 City State Zip Code
 New Haven CT 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Yale Univ. School of Medicine vascular surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.7226
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
	<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 (Last, First, Middle Initial)
A. Leila Mureebe

Mailing Address Section of Vascular Surgery
Box 3467

City Durham State NC Zip Code 27710

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

Name of Employer Duke Univ. Medical Center Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 22 / 2013
Transaction ID : SA11AI.7228

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Michael Murphy

Mailing Address 1202 N. Senate Street

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana Univ. School of Med. Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 29 / 2013
Transaction ID : SA11AI.7124

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Dr. Firas F Mussa

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 NYU Vascular Assocs Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 04 / 2013
Transaction ID : SA11AI.7139

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Frank Pomposelli
Full Name (Last, First, Middle Initial)

Mailing Address 110 Francis Street

City Boston State MA Zip Code 02215

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

Name of Employer Beth-Israel Deaconess Med. Ctr Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2013
Transaction ID : SA11AI.7040

Amount of Each Receipt this Period 250.00

B. Dr. Frank Pomposelli
Full Name (Last, First, Middle Initial)

Mailing Address 110 Francis Street

City Boston State MA Zip Code 02215

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

Name of Employer Beth-Israel Deaconess Med. Ctr Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2013
Transaction ID : SA11AI.7156

Amount of Each Receipt this Period 250.00

C. Dr. Jeffrey Rhodes
Full Name (Last, First, Middle Initial)

Mailing Address 8 Deland Park

City Fairport State WY Zip Code 14450

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

Name of Employer Private Practice Occupation Vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 08 / 2013
Transaction ID : SA11AI.7147

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 56
(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. Dr. Geoffrey L Risley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Lake Shore Blvd
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : SA11AI.7037
 Amount of Each Receipt this Period
 208.33

B. Dr. Geoffrey L Risley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Lake Shore Blvd
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : SA11AI.7055
 Amount of Each Receipt this Period
 208.33

C. Dr. Geoffrey L Risley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Lake Shore Blvd
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2013
Transaction ID : SA11AI.7099
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.99
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Geoffrey L Risley
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville State FL Zip Code 32210

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

Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt **04 / 19 / 2013**

Transaction ID : SA11AI.7165

Amount of Each Receipt this Period **208.33**

B. Dr. Geoffrey L Risley
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville State FL Zip Code 32210

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

Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1041.65**

Date of Receipt **05 / 20 / 2013**

Transaction ID : SA11AI.7216

Amount of Each Receipt this Period **208.33**

C. Dr. Geoffrey L Risley
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville State FL Zip Code 32210

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

Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt **06 / 20 / 2013**

Transaction ID : SA11AI.7251

Amount of Each Receipt this Period **208.33**

SUBTOTAL of Receipts This Page (optional)..... **624.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
	<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. Dr. Caron B Rockman
 Full Name (Last, First, Middle Initial)
 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 NYU Vascular Assocs Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : SA11AI.7135
 Amount of Each Receipt this Period
 500.00

B. Dr. Sean Roddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 New Scotland Ave
 City Albany State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Vascular Group, PLLC Occupation Vascular Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : SA11AI.7186
 Amount of Each Receipt this Period
 1000.00

C. Dr. Roger C. Rosen
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 Faunce Corner Road
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hawthorn Vascular Center Occupation 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
 03 / 20 / 2013
Transaction ID : SA11AI.7107
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 56
<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 (Last, First, Middle Initial) A. Dr. Alan P. Sawchuk		Date of Receipt MM / DD / YYYY 03 / 30 / 2013 Transaction ID : SA11AI.7127
Mailing Address 1801 N. Senate Blvd. Suite D3500		Amount of Each Receipt this Period 500.00
City Indianapolis	State IN	
Zip Code 46202		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer IU Vascular Surgery	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph R. Schneider		Date of Receipt MM / DD / YYYY 05 / 20 / 2013 Transaction ID : SA11AI.7217
Mailing Address 25 North Winfield Road		Amount of Each Receipt this Period 100.00
City Winfield	State IL	
Zip Code 60190		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Central Dupage Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph R. Schneider		Date of Receipt MM / DD / YYYY 06 / 24 / 2013 Transaction ID : SA11AI.7258
Mailing Address 25 North Winfield Road		Amount of Each Receipt this Period 100.00
City Winfield	State IL	
Zip Code 60190		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Central Dupage Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 56
(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

Full Name (Last, First, Middle Initial)
A. Dr. Cynthia K. Shortell

Mailing Address DUMC 3538

City State Zip Code
 Durham NC 27710

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

Name of Employer Occupation
 DUKE University Medical Ctr vascular surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : SA11AI.7193

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr. Niten Singh

Mailing Address 9040-A Fitzsimmons Drive

City State Zip Code
 Tacoma WA 98431

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

Name of Employer Occupation
 Madigan Army Medical Center vascular surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : SA11AI.7242

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr. Scott Stevens

Mailing Address 1924 Alcoa Highway

City State Zip Code
 Knoxville TN 37920

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

Name of Employer Occupation
 Univ. of Tenn. Med. Ctr. 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 Y
 05 / 19 / 2013
Transaction ID : SA11AI.7203

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 56
(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. Dr. Bauer E. Sumpio
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Cedar Street
 City New Haven State CT Zip Code 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale-New Haven Medical Center Occupation 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 Y
 03 / 20 / 2013
Transaction ID : SA11AI.7103
 Amount of Each Receipt this Period
 100.00

B. Dr. Bauer E. Sumpio
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Cedar Street
 City New Haven State CT Zip Code 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale-New Haven Medical Center Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : SA11AI.7170
 Amount of Each Receipt this Period
 100.00

C. Dr. Bauer E. Sumpio
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Cedar Street
 City New Haven State CT Zip Code 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale-New Haven Medical Center Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : SA11AI.7208
 Amount of Each Receipt this Period
 100.00

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 39 OF 56
	<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 (Last, First, Middle Initial) A. Dr. Bauer E. Sumpio		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2013 Transaction ID : SA11AI.7256
Mailing Address 333 Cedar Street		Amount of Each Receipt this Period 100.00
City New Haven	State CT	Zip Code 06510
FEC ID number of contributing federal political committee. C	Name of Employer Yale-New Haven Medical Center	Occupation vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert W. Tahara		Date of Receipt M M / D D / Y Y Y Y Y 05 / 13 / 2013 Transaction ID : SA11AI.7189
Mailing Address 900 Chestnut Street Suite A		Amount of Each Receipt this Period 500.00
City Bradford	State PA	Zip Code 16701
FEC ID number of contributing federal political committee. C	Name of Employer Allegheny Vein & Vascular	Occupation vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel Tamez		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2013 Transaction ID : SA11AI.7083
Mailing Address 6800 Park Ten Blvd		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78213
FEC ID number of contributing federal political committee. C	Name of Employer Peripheral Vascular Assocs.	Occupation 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).....▶	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 40 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Frank J Veith
Full Name (Last, First, Middle Initial)

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 NYU Vascular Assocs Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 04 / 2013
Transaction ID : SA11AI.7138

Amount of Each Receipt this Period
500.00

B. Dr. Thomas Wakefield
Full Name (Last, First, Middle Initial)

Mailing Address 1500 E. Medical Center Drive

City Ann Arbor State MI Zip Code 48109

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

Name of Employer Univ. of MI Medical Center Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 28 / 2013
Transaction ID : SA11AI.7119

Amount of Each Receipt this Period
500.00

C. Dr. Grayson H. Wheatley
Full Name (Last, First, Middle Initial)

Mailing Address 2632 N. 20th Street

City Phoenix State AZ Zip Code 85006

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

Name of Employer Arizona Heart Institute Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 20 / 2013
Transaction ID : SA11AI.7220

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 41 OF 56
(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"/> 17	

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

A. Robert Zwolak
Full Name (Last, First, Middle Initial)

Mailing Address 1 Medical Center Drive

City Lebanon State NH Zip Code 03756

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

Name of Employer Dartmouth-Hitchcock Med. Ctr. Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : SA11AI.7132

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	37399.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. LAMAR ALEXANDER

Mailing Address 228 S WASHINGTON STREET SUITE 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : SB23.7300

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. RONALD BARBER

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	3

Transaction ID : SB23.7307

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7265

Amount of Each Disbursement this Period

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

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

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

3	0	0	0	0	0	0	0	0	0
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3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. INC., Dan BENISHEK FOR CONGRESS

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : SB23.7286

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Ami BERA FOR CONGRESS

Mailing Address Post Office Box 582496

City State Zip Code
Elk Grove CA 95758

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2013

Transaction ID : SB23.7266

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Gus BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City State Zip Code
TARPON SPRINGS FL 34688

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2013

Transaction ID : SB23.7277

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. DIANE L MRS BLACK

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : SB23.7303

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. John BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : SB23.7298

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Kevin BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City State Zip Code
THE WOODLANDS TX 77387

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7268

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7279

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Michael BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7267

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Eric CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7262

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. WILLIAM CASSIDY

Mailing Address 3115 DALRYMPLE DRIVE
SUITE 1

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2013

Transaction ID : SB23.7292

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JAMES E. CLYBURN

Mailing Address 501 JUNIPER STREET

City COLUMBIA State SC Zip Code 29203

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2013

Transaction ID : SB23.7263

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. COMMON GROUND PAC

Mailing Address 20 WEST MAPLE STREET

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SB23.7305

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JOHN CORNYN

Mailing Address 6850 AUSTIN CENTER BLVD STE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2013

Transaction ID : SB23.7316

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 23 / 2013

Transaction ID : SB23.7261

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RICHARD J DURBIN

Mailing Address 1525 S BATES

City SPRINGFIELD State IL Zip Code 62704

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2013

Transaction ID : SB23.7310

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael ENZI FOR US SENATE

Mailing Address PO BOX 2775

City State Zip Code
CODY WY 82414

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2013

Transaction ID : SB23.7280

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John FLEMING FOR CONGRESS

Mailing Address P.O. BOX 1236

City State Zip Code
MINDEN LA 71058

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2013

Transaction ID : SB23.7284

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Phil GINGREY FOR CONGRESS

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2013

Transaction ID : SB23.7283

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Ctme

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	3

Transaction ID : SB23.7308

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. S. BRETT HON. GUTHRIE

Mailing Address 1005 WRENWOOD DRIVE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	3

Transaction ID : SB23.7309

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. ANDREW P HARRIS

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	1	3

Transaction ID : SB23.7271

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.7275

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : SB23.7302

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JAMES MCDERMOTT

Mailing Address PO BOX 21786

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: WA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.7294

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	0	0	0	0	0	0	0	0	0
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2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Murphy for Congress

Mailing Address 700 12th Street, NW
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Transaction ID : SB23.7322

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.7260

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Transaction ID : SB23.7319

Amount of Each Disbursement this Period

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

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

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

7	0	0	0	0	0	0	0	0	0
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7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank Pallone for Congress

Mailing Address P.O. Box 3167

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
02 / 13 / 2013

Transaction ID : SB23.7274

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. ERIK PAULSEN

Mailing Address POBOX 44369

City State Zip Code
EDEN PRAIRIE MN 55344

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
06 / 13 / 2013

Transaction ID : SB23.7318

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOSEPH R. PITTS

Mailing Address PO BOX 775
PO BOX 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
02 / 27 / 2013

Transaction ID : SB23.7287

Amount of Each Disbursement this Period

2000.00

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2013

Transaction ID : SB23.7282

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Tom PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : SB23.7314

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : SB23.7313

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. RAUL DR. RUIZ

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

Transaction ID : SB23.7288

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Paul RYAN FOR CONGRESS

Mailing Address P. O. Box 1919
P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	3

Transaction ID : SB23.7311

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. JEANNE SHAHEEN

Mailing Address 73 PERKINS ROAD

City MADBURY State NH Zip Code 03823

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Transaction ID : SB23.7321

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN M SHIMKUS

Mailing Address 504 Sumner Boulevard

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2013

Transaction ID : SB23.7315

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eric SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2013

Transaction ID : SB23.7296

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Fred UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2013

Transaction ID : SB23.7273

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Greg WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2013

Transaction ID : SB23.7290

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Ed WHITFIELD FOR CONGRESS

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

Transaction ID : SB23.7312

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3000.00

75500.00
