

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Surgeons Professional Association PAC

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="2014"/>		<input type="text" value="604234.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="604234.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="154347.48"/>	<input type="text" value="154347.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="758582.20"/>	<input type="text" value="758582.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="189689.00"/>	<input type="text" value="189689.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="568893.20"/>	<input type="text" value="568893.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Surgeons Professional Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	130594.99	130594.99
(ii) Unitemized	23752.49	23752.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	154347.48	154347.48
(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)	154347.48	154347.48
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))..... ▶	154347.48	154347.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	154347.48	154347.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	189500.00	189500.00
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	189.00	189.00
(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)).....	189.00	189.00
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)) ..	189689.00	189689.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	189689.00	189689.00

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)	154347.48	154347.48
34. Total Contribution Refunds (from Line 28(d))	189.00	189.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	154158.48	154158.48
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 114
	<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	<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)
American College of Surgeons Professional Association PAC

A. Suresh Agarwal
Full Name (Last, First, Middle Initial)

Mailing Address University of Wisconsin Hospital a
G5/335 Clinical Science Center

City Madison State WI Zip Code 53792-0001

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

Name of Employer Univ of Wisconsin Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 25 / 2014
Transaction ID : **A75257C7CA3696FFDF5**

Amount of Each Receipt this Period
250.00

B. Roxie Mae Albrecht
Full Name (Last, First, Middle Initial)

Mailing Address Univ of Oklahoma Health Sciences C
Williams Pavilion Building, Room 2

City Oklahoma City State OK Zip Code 73104

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

Name of Employer Univ of Oklahoma Health Sciences Cente Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 25 / 2014
Transaction ID : **582A730C9D518F310FB**

Amount of Each Receipt this Period
500.00

C. Andrew J. Aldridge
Full Name (Last, First, Middle Initial)

Mailing Address Flagstaff Surgical Associates
Suite 201

City Flagstaff State AZ Zip Code 86001-1483

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

Name of Employer Flagstaff Surgical Associates Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 30 / 2014
Transaction ID : **FD38E2526EA590EC43F**

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:	PAGE 7 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James A. Anderson		Date of Receipt
Mailing Address 419 S Washington St Ste 200		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Casper	State WY	Zip Code 82601-2951
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 186AF0B4530E0557753
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Surgeon		<input type="text" value="2000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) B. Brian Thomas Anthony		Date of Receipt
Mailing Address PO Box 2548 Beach Surgical Group		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Bay Saint Louis	State MS	Zip Code 39521-2548
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4954318994BFFD81800
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation 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) C. Amanda Kathleen Arrington		Date of Receipt
Mailing Address University of South Carolina University Specialty Clinics--Surg		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Columbia	State SC	Zip Code 29203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AE31AF4E-4F27-47CE-
Name of Employer University of South Carolina		Amount of Each Receipt this Period
Occupation Surgical Oncology		<input type="text" value="200.00"/>
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2700.00"/>
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: (check only one)	PAGE 8 OF 114
	<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	<input type="checkbox"/> 17

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

A. Dennis W. Ashley
Full Name (Last, First, Middle Initial)

Mailing Address 777 Hemlock St
Msc #103

City Macon State GA Zip Code 31201-2102

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

Name of Employer GA Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2014
Transaction ID : **7C7D215871A7B37F834**

Amount of Each Receipt this Period
250.00

B. John L. D. Atkinson
Full Name (Last, First, Middle Initial)

Mailing Address Department Neurosurgery
Mayo Clinic

City Rochester State MN Zip Code 55905-0001

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

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 24 / 2014
Transaction ID : **B0C80ACC11CEEF39DB8**

Amount of Each Receipt this Period
1000.00

C. John Albert Aucar
Full Name (Last, First, Middle Initial)

Mailing Address 6578 Furman Ct

City Tyler State TX Zip Code 75703-4282

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

Name of Employer Carle Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 30 / 2014
Transaction ID : **3BE250BFD2E9473FB89F**

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 9 OF 114
	<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	<input type="checkbox"/> 17

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

A. Robert R. Bahnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Olentangy River Rd
 Osu Department of Urology Suite 20
 City Columbus State OH Zip Code 43212-3153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : E040599319F3E79DB00
 Amount of Each Receipt this Period
 2500.00

B. H. Randolph Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6550 Fannin St
 Ste 2307
 City Houston State TX Zip Code 77030-2723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : F7338858392EE9522B6
 Amount of Each Receipt this Period
 1000.00

C. Patrick Vance Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 E Roosevelt St
 Mihs Department of Surgery
 City Phoenix State AZ Zip Code 85008-4973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maricopa Integrated Health System Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2014
Transaction ID : 43FD9917E11A95903C8A
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patrick Vance Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 2601 E Roosevelt St
Mihs Department of Surgery

City Phoenix State AZ Zip Code 85008-4973

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

Name of Employer Maricopa Integrated Health System Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **02 / 26 / 2014**

Transaction ID : 4B358912B7878ACB6532

Amount of Each Receipt this Period **250.00**

B. Patrick Vance Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 2601 E Roosevelt St
Mihs Department of Surgery

City Phoenix State AZ Zip Code 85008-4973

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

Name of Employer Maricopa Integrated Health System Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **03 / 26 / 2014**

Transaction ID : 4AE19BB30C231185FC9C

Amount of Each Receipt this Period **250.00**

C. Alberto Quilop Banez
Full Name (Last, First, Middle Initial)

Mailing Address 201 Stadium Dr

City Seymour State TX Zip Code 76380-2343

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **02 / 24 / 2014**

Transaction ID : 9F429896E7F66DAA766

Amount of Each Receipt this Period **285.00**

SUBTOTAL of Receipts This Page (optional)..... **785.00**

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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Linda Marie Barney
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 E Apple St
 Center for Health Education, Ste 7
 City Dayton State OH Zip Code 45409-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : 3A2748E2639D4F16A769
 Amount of Each Receipt this Period **250.00**

B. Christopher John Bartels
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Lexington Ave
 City Pittsburgh State PA Zip Code 15215-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pittsburgh Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 14 / 2014**
Transaction ID : 4F241DD9E4CBFFAFDFB
 Amount of Each Receipt this Period **500.00**

C. Jefferson Augusto Bastidas
 Full Name (Last, First, Middle Initial)
 Mailing Address 14981 National Ave
 Ste 4
 City Los Gatos State CA Zip Code 95032-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 14 / 2014**
Transaction ID : FE2D99BDF57642DDA73
 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 12 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Franklin Peter Bendewald
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Lorillard Ct
 Apt 302
 City Madison State WI Zip Code 53703-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014
Transaction ID : 307707F2681948D29A9D
 Amount of Each Receipt this Period
500.00

B. Ronnie Sean Benoit
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 L St NW
 Unit 805
 City Washington State DC Zip Code 20001-2581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hahnemann University Hospital
 Occupation 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 / 31 / 2014
Transaction ID : C52C869CB2854166A749
 Amount of Each Receipt this Period
250.00

C. Rodney Biggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Par Dr
 City Gillette State WY Zip Code 82718-7622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014
Transaction ID : 81B0E9D2A285460FA2
 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 13 OF 114
	<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)
American College of Surgeons Professional Association PAC

A. Karina Kathryn Billiris
 Full Name (Last, First, Middle Initial)
 Mailing Address 2705 W Saint Isabel St
 City Tampa State FL Zip Code 33607-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retina Vitreous Assoc Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2014
Transaction ID : 8B1018F3A4FD9A64F5B
 Amount of Each Receipt this Period 250.00

B. Cecelia Haines Boardman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7603 Forest Ave
 Virginia Gynecologic Oncology
 City Richmond State VA Zip Code 23229-4942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VWHS Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 14 / 2014
Transaction ID : 2AD0114A65468A9055A
 Amount of Each Receipt this Period 250.00

C. Balazs Imre Bodai
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 Response Rd
 Ste 3A
 City Sacramento State CA Zip Code 95815-4807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 31 / 2014
Transaction ID : 4AE3FAF0FCD1471A80B2
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 114
	<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	<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)
American College of Surgeons Professional Association PAC

A. Stephen Anthony Bodney
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Indian Hills Dr NE
 City State Zip Code
 Corydon IN 47112-7257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harrison County Hospital 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 / 23 / 2014
Transaction ID : 37463E1F-4B2C-45E5-
 Amount of Each Receipt this Period
 1000.00

B. Mary Lynn Brandt
 Full Name (Last, First, Middle Initial)
 Mailing Address 6701 Fannin St
 Tex Children's Hospital
 City State Zip Code
 Houston TX 77030-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tex Children's Hospital Cc650.00 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 / 2014
Transaction ID : CD6EEEEBDDEF44ABB2F7
 Amount of Each Receipt this Period
 250.00

C. Karen Jean Brasel
 Full Name (Last, First, Middle Initial)
 Mailing Address 9200 W Wisconsin Ave
 Medical College of Wisconsin
 City State Zip Code
 Milwaukee WI 53226-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical College of Wisconsin 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 / 30 / 2014
Transaction ID : E64E2D0CB04B48DC98AE
 Amount of Each Receipt this Period
 500.00

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 15 OF 114
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joshua Alan Broghammer		Date of Receipt MM / DD / YYYY 01 / 17 / 2014 Transaction ID : 30007668-9EDB-41C7-
Mailing Address University of Kansas Medical Ctr Department of Urology - Mailstop 3		Amount of Each Receipt this Period 2500.00
City Kansas City	State KS Zip Code 66160-0001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer University of Kansas Medical Center	Occupation Urologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William J. Bromberg		Date of Receipt MM / DD / YYYY 03 / 25 / 2014 Transaction ID : A5E5552CA5B2230252A
Mailing Address 4700 Waters Ave Pmob Suite 212		Amount of Each Receipt this Period 500.00
City Savannah	State GA Zip Code 31404-6220	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Memorial University Med Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dale Buchbinder		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 Transaction ID : 4561AD6544967317DC32
Mailing Address 5601 Loch Raven Blvd Good Samaritan Hospital, Ste 302		Amount of Each Receipt this Period 100.00
City Baltimore	State MD Zip Code 21239-2945	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Greater Baltimore Medical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	3100.00
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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eileen Metzger Bulger
 Full Name (Last, First, Middle Initial)
 Mailing Address Harborview Medical Center
 Department of Surgery Box 359796
 City Seattle State WA Zip Code 98104-2499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation 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 / 26 / 2014
Transaction ID : 256AF6454C43C0A6AF6
 Amount of Each Receipt this Period
250.00

B. Wiley Douglas Bunn Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5008 Brittonfield Pkwy
 Gyn Oncology of Cny
 City East Syracuse State NY Zip Code 13057-9248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gyn Oncology of CNY Occupation 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 / 2014
Transaction ID : E3824DF549954AEEBE17
 Amount of Each Receipt this Period
250.00

C. Reginald Arthur Burton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 S 16th St
 City Lincoln State NE Zip Code 68502-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bryan LGH Medical Center Occupation 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 / 25 / 2014
Transaction ID : C803E8469F695369467
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

City San Francisco State CA Zip Code 94110

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

Name of Employer San Francisco General Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 4F941D26752627AB8D9

Amount of Each Receipt this Period 250.00

B. Brendan T. Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 282 Washington St
Connecticut Children's Medical Cen

City Hartford State CT Zip Code 06106-3322

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

Name of Employer Connecticut Children's Specialty Group Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 57640312EC4E0C25372

Amount of Each Receipt this Period 500.00

C. David Felix Canal
Full Name (Last, First, Middle Initial)

Mailing Address 545 Barnhill Dr
Ste EH-202

City Indianapolis State IN Zip Code 46202-5112

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

Name of Employer Indiana University Health Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2014
Transaction ID : E0239C92-F290-49EC-

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 18 OF 114
	<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	<input type="checkbox"/> 17

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

A. Ronald M. Caronia
Full Name (Last, First, Middle Initial)

Mailing Address 360 Merrick Rd
FI 3

City Lynbrook State NY Zip Code 11563-2526

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014
Transaction ID : 0BAB6E9329EED98DD74

Amount of Each Receipt this Period
250.00

B. Adela Teresa Casas-Melley
Full Name (Last, First, Middle Initial)

Mailing Address 1600 W 22nd St
PO Box 5039

City Sioux Falls State SD Zip Code 57105-1521

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

Name of Employer A I Dupont Hospital for Children Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2014
Transaction ID : 4463A62CC81D1272524B

Amount of Each Receipt this Period
100.00

C. Candice Lee Castro
Full Name (Last, First, Middle Initial)

Mailing Address 90 Granburg Cir

City San Antonio State TX Zip Code 78218-3012

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

Name of Employer US Army Occupation 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 / 14 / 2014
Transaction ID : 43D7E8DFF28BDDE73EC

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 114
	<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)
American College of Surgeons Professional Association PAC

A. Michael Chi-Ming Chang
 Full Name (Last, First, Middle Initial)
 Mailing Address Wake Frst
 Department of Surgery
 City Winston Salem State NC Zip Code 27157-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2014
Transaction ID : 4186842FC1E42F6DA6A9
 Amount of Each Receipt this Period
100.00

B. Steven Li-Wen Chen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Duarte Rd
 City of Hope National Medical Cent
 City Duarte State CA Zip Code 91010-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City of Hope National Medical Center Occupation 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 / 30 / 2014
Transaction ID : DB6B972E298D480D8723
 Amount of Each Receipt this Period
250.00

C. James Z. Cinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 S Broad St
 Ste 3
 City Elizabeth State NJ Zip Code 07202-3453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014
Transaction ID : B82CAB75BA865E22E4A
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **715.00**
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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William G. Cioffi Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 593 Eddy St
 Chairmans Office Apc 431, Ste 431
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014
Transaction ID : BD471D7C37CE5C36164
 Amount of Each Receipt this Period
750.00

B. Mark David Cipolle
 Full Name (Last, First, Middle Initial)
 Mailing Address 4755 Ogletown Stanton Rd
 Christiana Care Health System, Ste
 City Newark State DE Zip Code 19718-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christiana Care Health System Occupation 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 / 26 / 2014
Transaction ID : 31409AE098F3685444A
 Amount of Each Receipt this Period
500.00

C. Michael Coburn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3422 Nottingham St
 City Houston State TX Zip Code 77005-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation 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 / 26 / 2014
Transaction ID : E9355DDC367D70602EB
 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 21 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Amalia Lenora Cochran		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2014 Transaction ID : 435EAF027910F995C14E
Mailing Address 30 N 1900 E Department of Surgery		Amount of Each Receipt this Period 250.00
City Salt Lake City	State UT	Zip Code 84132-0002
FEC ID number of contributing federal political committee. C		
Name of Employer University of Utah	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Amalia Lenora Cochran		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 25 / 2014 Transaction ID : 4CDD87CB1E5F46DA9F13
Mailing Address 30 N 1900 E Department of Surgery		Amount of Each Receipt this Period 250.00
City Salt Lake City	State UT	Zip Code 84132-0002
FEC ID number of contributing federal political committee. C		
Name of Employer University of Utah	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Amalia Lenora Cochran		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2014 Transaction ID : 4DB0A1D3C860FE105EFA
Mailing Address 30 N 1900 E Department of Surgery		Amount of Each Receipt this Period 250.00
City Salt Lake City	State UT	Zip Code 84132-0002
FEC ID number of contributing federal political committee. C		
Name of Employer University of Utah	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 114
	<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	<input type="checkbox"/> 17

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

A. Amalia Lenora Cochran
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 N 1900 E
 Department of Surgery
 City Salt Lake City State UT Zip Code 84132-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Utah Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2014
Transaction ID : DB764470B86441638BDF
 Amount of Each Receipt this Period
1250.00

B. Edward E. Cornwell III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2041 Georgia Ave NW
 Howard Univ Hosp, Suite 4B02
 City Washington State DC Zip Code 20060-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Howard University Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014
Transaction ID : 73B1166B981A8B8F22D
 Amount of Each Receipt this Period
1000.00

c. Chris Cribari
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 Rocky Mountain Ave
 North Medical Office Building, Sui
 City Loveland State CO Zip Code 80538-9004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Specialists of the Rockies Occupation 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 / 26 / 2014
Transaction ID : DB9A8C76EB760BC8AF6
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	2750.00
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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Martin Alexander Croce		Date of Receipt
Mailing Address Univ of Tennessee Department of Su Ste 220		M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014
City	State	Zip Code
Memphis	TN	38163-0001
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
UTHSC	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	240.00	
		Amount of Each Receipt this Period
		80.00
		Transaction ID : 43848382E1A64D0D9B58

Full Name (Last, First, Middle Initial) B. Armando Cruzado-Ramos		Date of Receipt
Mailing Address 1420 Calle Marbella Mansiones Vistamar Marina		M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2014
City	State	Zip Code
Carolina	PR	00983-1591
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Self Employed	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Amount of Each Receipt this Period
		500.00
		Transaction ID : 3A2C967C51F033CFE73

Full Name (Last, First, Middle Initial) C. John K. Cumming		Date of Receipt
Mailing Address 701 Park Ave Department of Surgery		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2014
City	State	Zip Code
Minneapolis	MN	55415-1623
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Self Employed	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Amount of Each Receipt this Period
		500.00
		Transaction ID : 555EB77126F5B68BA1E

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 2816 S Saint Francis Ln

City State Zip Code
Sioux Falls SD 57103-4672

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 14 / 2014
Transaction ID : 21F0617570F142FCE1A

Amount of Each Receipt this Period
250.00

B. Kimberly Anne Davis
Full Name (Last, First, Middle Initial)

Mailing Address 330 Cedar St
Yale University Department of Surg

City State Zip Code
New Haven CT 06510-3218

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

Name of Employer Occupation
Yale University Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 29 / 2014
Transaction ID : 179C264FFC5D4F8A8F75

Amount of Each Receipt this Period
250.00

c. Mark Frederick Deatherage
Full Name (Last, First, Middle Initial)

Mailing Address 1600 NW 6th St
North Suite

City State Zip Code
Grants Pass OR 97526-1094

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 14 / 2014
Transaction ID : 016AB0266B79AF11C9F

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Daniel Joe Decook		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 814CB13C42F680062BA
Mailing Address 577 Michigan Ave Ste 202		Amount of Each Receipt this Period 250.00
City Holland	State MI	Zip Code 49423-4911
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Clinton Denny III		Date of Receipt MM / DD / YYYY 01 / 30 / 2014 Transaction ID : 437CFCE678AF9D89001
Mailing Address 1 Hospital Dr Department of Oto-Hns, # MA314		Amount of Each Receipt this Period 500.00
City Columbia	State MO	Zip Code 65212-1000
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer University of Missouri	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Karen E. Deveney		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : F7D1CFE858D6437F8FD0
Mailing Address Ohsu Department of Surgery Mailcode L-223		Amount of Each Receipt this Period 1000.00
City Portland	State OR	Zip Code 97239
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Oregon Health Sciences Univ Hospital	Occupation 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 26 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David William Dexter		Date of Receipt
Mailing Address 104 E 2nd St FI 7		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2014
City State Zip Code Erie PA 16507-1532	FEC ID number of contributing federal political committee. C	Transaction ID : 1636B8ACBF734CBE9EDC
Name of Employer Occupation Hamot Medical Center Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Anthony Dominic Dippolito		Date of Receipt
Mailing Address 201 Drift Ct Valley Colon and Rectal Center		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2014
City State Zip Code Bethlehem PA 18020-7500	FEC ID number of contributing federal political committee. C	Transaction ID : CC72F67101EF44A1A4C9
Name of Employer Occupation Self Employed Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 250.00
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Jay Joseph Doucet		Date of Receipt
Mailing Address 200 W Arbor Dr		M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2014
City State Zip Code San Diego CA 92103-1911	FEC ID number of contributing federal political committee. C	Transaction ID : B094A40876868D63719
Name of Employer Occupation Univ of CA Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date ▼ 1000.00		

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 27 OF 114
	<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	<input type="checkbox"/> 17

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

A. Cynthia Denise Downard
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 E Broadway
 Ste 565
 City Louisville State KY Zip Code 40202-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Louisville Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2014
Transaction ID : 0D029E23ED2B4FBEA8AC
 Amount of Each Receipt this Period 250.00

B. Margaret M. Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 E Apple St
 Wright State Univ Department of Su
 City Dayton State OH Zip Code 45409-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University School of Medi Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2014
Transaction ID : 42DF89FE666C4991F5AF
 Amount of Each Receipt this Period 100.00

C. David Eddleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Blue Ridge Rd
 Ste 300
 City Raleigh State NC Zip Code 27607-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2014
Transaction ID : A0A7D35EFCE2D1C57CD
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Mailing Address 155 Memorial Dr

City Pinehurst State NC Zip Code 28374-8710

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

Name of Employer First Health of the Carolinas Occupation 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 / 14 / 2014
Transaction ID : D09E7A4A85551159272

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. James K. Elsey

Mailing Address 631 Professional Dr Ste 300

City Lawrenceville State GA Zip Code 30046-3371

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014
Transaction ID : 3E2BB5511A23888C9FF

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Mary Elizabeth Fallat

Mailing Address 315 E Broadway Ste 565

City Louisville State KY Zip Code 40202-3702

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

Name of Employer University of Louisville Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 6AEAEA78904CE15F0E1

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 29 OF 114
	<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	<input type="checkbox"/> 17

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

A. Richard J. Fantus
Full Name (Last, First, Middle Initial)

Mailing Address 14253 W Riteway Rd

City Libertyville State IL Zip Code 60048-9630

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

Name of Employer Advocate Illinois Masonic Medical Cent Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2014
Transaction ID : **CB569E97C9277AC0E52**

Amount of Each Receipt this Period 500.00

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

Mailing Address 1221 SE Ellsworth Rd Apt 348

City Vancouver State WA Zip Code 98664-6238

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2014
Transaction ID : **A58DF466B128A0C4A8B**

Amount of Each Receipt this Period 250.00

C. Francis D. Ferdinand
Full Name (Last, First, Middle Initial)

Mailing Address Divide Thoracic/Cardiovascular Sur the Lankenau Hospital - 280 Msb

City Wynnewood State PA Zip Code 19096-3413

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

Name of Employer The Lankerau Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2014
Transaction ID : **FD28CE5DB96E4D79AE7D**

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 30 OF 114
	<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	<input type="checkbox"/> 17

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

A. Timothy Charles Fitzgibbons
 Full Name (Last, First, Middle Initial)
 Mailing Address 17030 Lakeside Hills Plz
 Ste 200
 City Omaha State NE Zip Code 68130-2396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : C49B8B03F97D19990C5
 Amount of Each Receipt this Period
 250.00

B. James W. Fleshman Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surg.
 Baylor Univ. Med. Center
 City Dallas State TX Zip Code 75246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor University Medical Center
 Occupation 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 / 30 / 2014
Transaction ID : 9ABFC82EA44C4EA79E1A
 Amount of Each Receipt this Period
 1000.00

C. Henri Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address Children's Hospital of Los Angeles
 Mailstop 72
 City Los Angeles State CA Zip Code 90027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital of Pittsburgh
 Occupation 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 / 31 / 2014
Transaction ID : 9B8E6B27BC754CC79DC3
 Amount of Each Receipt this Period
 500.00

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 31 OF 114
	<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	<input type="checkbox"/> 17

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

A. Mario Dino Forte
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3002
1615 Delaware, Suite 200

City Longview State WA Zip Code 98632-0302

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2014

Transaction ID : **B000BCAA57191FC00BF**

Amount of Each Receipt this Period
400.00

B. James E. Foster II
Full Name (Last, First, Middle Initial)

Mailing Address 1906 Belleview Ave SE
Roanoke Memorial Hospital

City Roanoke State VA Zip Code 24014-1838

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

Name of Employer Roanoke Memorial Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2014

Transaction ID : **2BF4E61BBD7F4C678A80**

Amount of Each Receipt this Period
500.00

C. Glen Allen Franklin
Full Name (Last, First, Middle Initial)

Mailing Address Department
University of Louisville

City Louisville State KY Zip Code 40292-0001

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

Name of Employer Univ of Louisville Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2014

Transaction ID : **70E3AC0CE790304240B**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Julie A. Freischlag
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery
 Johns Hopkins Hospital
 City Baltimore State MD Zip Code 21205-2196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014
Transaction ID : 69A975EAB7E3E00B980
 Amount of Each Receipt this Period
750.00

B. Randall Scott Friese
 Full Name (Last, First, Middle Initial)
 Mailing Address Univ of Arizona
 Divide of Trauma and Crit Care Roo
 City Tucson State AZ Zip Code 85724-5063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Arizona Occupation 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 / 26 / 2014
Transaction ID : 303D7EDB88D15F03070
 Amount of Each Receipt this Period
250.00

C. Spencer W. Galt
 Full Name (Last, First, Middle Initial)
 Mailing Address 5323 S Woodrow St
 Ste 102
 City Murray State UT Zip Code 84107-5853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain Medical Physician Specialists Occupation 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 / 30 / 2014
Transaction ID : 5D1B6B9031BE4AAAA995
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 114
	<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	<input type="checkbox"/> 17

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

A. Nancy Gantt
Full Name (Last, First, Middle Initial)

Mailing Address 1044 Belmont Ave
St. Elizabeth Health Center

City Youngstown State OH Zip Code 44504-1006

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

Name of Employer Humility of Mary Health Partners Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 13 / 2014
Transaction ID : 08EEF70A-EBB5-4BEF-

Amount of Each Receipt this Period
500.00

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

Mailing Address 4305 Kirkland Dr

City Fort Worth State TX Zip Code 76109-4902

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 18 / 2014
Transaction ID : 47028499D9CF4C2EDF43

Amount of Each Receipt this Period
100.00

C. Todd Jeffrey Garvin
Full Name (Last, First, Middle Initial)

Mailing Address 9398 Ridgetop Blvd NW

City Silverdale State WA Zip Code 98383-8505

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

Name of Employer The Doctor's Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
02 / 09 / 2014
Transaction ID : 52F7ECC3-C77D-431F-

Amount of Each Receipt this Period
370.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 970.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 114
	<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	<input type="checkbox"/> 17

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

A. Douglas Michael Geehan
 Full Name (Last, First, Middle Initial)
 Mailing Address Umkc
 Department of Surgery
 City Kansas City State MO Zip Code 64108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **UMKC** Occupation **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 / 26 / 2014
Transaction ID : 5A537885186C7232B90
 Amount of Each Receipt this Period
250.00

B. Mitchell James Giangobbe
 Full Name (Last, First, Middle Initial)
 Mailing Address 13629 W Camino Del Sol
 Ste 180
 City Sun City West State AZ Zip Code 85375-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Self Employed** Occupation **Surgeon**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014
Transaction ID : 529486F5294DC8506AA
 Amount of Each Receipt this Period
800.00

C. Andrew James Gillies
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Devon Rd
 City Newton State MA Zip Code 02459-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Needham Medical Associates** Occupation **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 / 14 / 2014
Transaction ID : F727EE51C9D84F3638B
 Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 35 OF 114
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Philip Leon Glick		Date of Receipt MM / DD / YYYY 01 / 14 / 2014 Transaction ID : 94EE8D65BC7538539D2
Mailing Address Department of Surgery C-317		Amount of Each Receipt this Period 500.00
City Buffalo	State Zip Code NY 14203	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Loretto Ann Glynn		Date of Receipt MM / DD / YYYY 01 / 14 / 2014 Transaction ID : 8BD9E910199ECA2DC41
Mailing Address 8550 Clynderven Rd		Amount of Each Receipt this Period 250.00
City Burr Ridge	State Zip Code IL 60527-8341	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ross Frederick Goldberg		Date of Receipt MM / DD / YYYY 01 / 18 / 2014 Transaction ID : 47B8B7BA77441E515BA8
Mailing Address Maricopa Medical Center Department of Surgery		Amount of Each Receipt this Period 250.00
City Phoenix	State Zip Code AZ 85008	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00
Name of Employer Mayo Clinic	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 36 OF 114
	<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)
American College of Surgeons Professional Association PAC

A. Ross Frederick Goldberg

Full Name (Last, First, Middle Initial)
Mailing Address Maricopa Medical Center
Department of Surgery

City Phoenix State AZ Zip Code 85008

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

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : 43CC86A4549B1A01211C

Amount of Each Receipt this Period
250.00

B. Ross Frederick Goldberg

Full Name (Last, First, Middle Initial)
Mailing Address Maricopa Medical Center
Department of Surgery

City Phoenix State AZ Zip Code 85008

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

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 416CA4A679B70ACB25E7

Amount of Each Receipt this Period
250.00

C. Richard Paul Gonzalez

Full Name (Last, First, Middle Initial)
Mailing Address 1713 Sugar Cane Ct

City Mobile State AL Zip Code 36695-2727

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : 2328D3FC57C5D31D6AA

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David George Greenhalgh
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 Stockton Blvd
 Shriners Hospitals for Children
 City Sacramento State CA Zip Code 95817-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shriners Hospitals for Children Occupation 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 / 26 / 2014
Transaction ID : 08A42DC5CF558C8CB62
 Amount of Each Receipt this Period
 500.00

B. Ronald Ian Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Newberry Rd
 City East Haddam State CT Zip Code 06423-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Hospital Occupation Surgeon-Chief of Trauma and Emergency
 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 / 26 / 2014
Transaction ID : 609A50D30FD591DB4E1
 Amount of Each Receipt this Period
 1000.00

C. Rajan Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address Dartmouth Hitchcock Medical Center
 Section of General Surgery
 City Lebanon State NH Zip Code 03756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Hitchcock Medical Center Occupation 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 / 25 / 2014
Transaction ID : 80060FBE6716FDEAFA0
 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 38 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Seung Shin Gwon		Date of Receipt
Mailing Address 1850 Wake Ave		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Centro	CA	92243-6116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : EBB1CC0251C119E52E0
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Joseph Hamilton Jr.		Date of Receipt
Mailing Address 6001 SW 6th Ave Ste 220		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Topeka	KS	66615-1004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 762B420F277B4954858D
Name of Employer	Occupation	Amount of Each Receipt this Period
Tall Grass Surgical Specialists	Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen Victor Hamn		Date of Receipt
Mailing Address 2024 Sinclair Ln		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Plano	TX	75093-1311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : E272170653F7B3383D6
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
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: (check only one)	PAGE 39 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Tobin Harrington
 Full Name (Last, First, Middle Initial)
 Mailing Address 593 Eddy St
 Rhode Island Hospital Department o
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 25 / 2014
Transaction ID : C6478F28F649E4F97E3
 Amount of Each Receipt this Period
 250.00

B. Paul B. Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 3243 E Murdock St
 Ste 404
 City Wichita State KS Zip Code 67208-3007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Surgical Consultants Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 26 / 2014
Transaction ID : 1FAB124A4BC4624EE09
 Amount of Each Receipt this Period
 250.00

C. Sara L. Hartsaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 W Lakeway Rd
 Ste 1
 City Gillette State WY Zip Code 82718-6373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer High Plains Surgical Associates, PC Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 02 / 24 / 2014
Transaction ID : 90373DEF44C83BD009D
 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: (check only one)	PAGE 40 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sara L. Hartsaw		Date of Receipt MM / DD / YYYY 03 / 30 / 2014 Transaction ID : DD0C994C60F14E6A9943
Mailing Address 3100 W Lakeway Rd Ste 1		Amount of Each Receipt this Period 1000.00
City Gillette	State WY	Zip Code 82718-6373
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer High Plains Surgical Associates, PC	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. James C. Hebert		Date of Receipt MM / DD / YYYY 03 / 29 / 2014 Transaction ID : F5FA92BD6F064B13B257
Mailing Address University of Vermont Fahc Campus, Fletcher 462		Amount of Each Receipt this Period 500.00
City Burlington	State VT	Zip Code 05405-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Vermont	Occupation 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. Mark Richard Hemmila		Date of Receipt MM / DD / YYYY 03 / 25 / 2014 Transaction ID : 857C13C59768C012651
Mailing Address Univ of Michigan Trauma Burn Cente Nrcr Building 520, Room 3180C		Amount of Each Receipt this Period 250.00
City Ann Arbor	State MI	Zip Code 48109-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Michigan	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 41 OF 114
	<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	<input type="checkbox"/> 17

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

A. Sharon M. Henry
Full Name (Last, First, Middle Initial)

Mailing Address 520 S Hanover St

City Baltimore State MD Zip Code 21201-2438

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

Name of Employer University of Maryland Medical System Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2014
Transaction ID : 1EF5E0871EC96FF46E0

Amount of Each Receipt this Period 500.00

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

Mailing Address Division of Gyn/Oncology Temple University Hospital

City Philadelphia State PA Zip Code 19140

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

Name of Employer Temple University Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2014
Transaction ID : 91FFEA0F0C6AA772DC

Amount of Each Receipt this Period 250.00

C. Mary Lenora Hilfiker
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Childrens Way Ste 107

City San Diego State CA Zip Code 92123-4226

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

Name of Employer UCSD Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 15 / 2014
Transaction ID : 4BFDA929ED50608AD217

Amount of Each Receipt this Period 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 960.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Christine Hodyl

Mailing Address 6 Belton Ct

City State Zip Code
 Babylon NY 11702-3323

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

Name of Employer Occupation
 South Nassau Comm Hospital Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 14 / 2014
Transaction ID : 6907184ADA74485D659

Amount of Each Receipt this Period
 300.00

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

Mailing Address 3729 Fenelon St

City State Zip Code
 San Diego CA 92106-2019

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

Name of Employer Occupation
 Sharp Rees Stealy Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 14 / 2014
Transaction ID : 43932C37EA4C1CA2FD0

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Steven David Horwitz

Mailing Address 6531 N Knox Ave

City State Zip Code
 Lincolnwood IL 60712-3422

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

Name of Employer Occupation
 Self Employed Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 14 / 2014
Transaction ID : 22FB8F1F573A194C769

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 43 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David B. Hoyt
Full Name (Last, First, Middle Initial)

Mailing Address Executive Director
American College of Surgeons

City Chicago State IL Zip Code 60611

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

Name of Employer UC Irving Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 30 / 2014
Transaction ID : **E84D28DABBA548AC14F**

Amount of Each Receipt this Period
1000.00

B. Tyler G. Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Hospital Dr
Memorial Hospital, Ste 301

City McPherson State KS Zip Code 67460-2326

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

Name of Employer Memorial Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 30 / 2014
Transaction ID : **6F8205F9547D4C1F91F6**

Amount of Each Receipt this Period
250.00

C. P. David Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 535 NW 9th St
Ste 300

City Oklahoma City State OK Zip Code 73102-1073

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 14 / 2014
Transaction ID : **3EE493CC39D42A90802**

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 44 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kamal M. F. Itani		Date of Receipt
Mailing Address Vabhcs(112A) Surgical Service		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
West Roxbury	MA	02132
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Baylor College of Medicine	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Lenworth M. Jacobs Jr.		Date of Receipt
Mailing Address 80 Seymour St Hartford Hospital		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hartford	CT	06102-8000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Hartford Hospital	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>

Full Name (Last, First, Middle Initial) C. Arthur Jenkins		Date of Receipt
Mailing Address 251 Shore Rd		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Greenwich	CT	06830-6329
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mt. Sinai	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
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: (check only one)	PAGE 45 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donald Howard Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 200 1st St SW
Tcgs Division, Saint Marys Hospita

City Rochester State MN Zip Code 55905-0001

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

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 71047FF7AA441D23B6E

Amount of Each Receipt this Period
500.00

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

Mailing Address 2708 Johnstone Pl

City Cincinnati State OH Zip Code 45206-1822

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

Name of Employer UC Surgeons Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 11 / 2014
Transaction ID : 4A16A096A8DE534A2DAA

Amount of Each Receipt this Period
100.00

C. Mark Allen Jones
Full Name (Last, First, Middle Initial)

Mailing Address 127 Beaver Dam Rd

City Columbia State SC Zip Code 29223-3101

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

Name of Employer Palmetto Health Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 30 / 2014
Transaction ID : 3F12820FF9EA49CC8D10

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: (check only one)	PAGE 46 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Krista L. Kaups MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery, 1st Floor
 Crmc
 City Fresno State CA Zip Code 93721-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Regional Medical Center Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : 7CCD17078FB14C96AE86
 Amount of Each Receipt this Period **250.00**

B. Krista L. Kaups MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery, 1st Floor
 Crmc
 City Fresno State CA Zip Code 93721-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Regional Medical Center Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : 445702680B664ECF8723
 Amount of Each Receipt this Period **250.00**

C. John Martin Kerr Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Oakwood St
 Ste B
 City Bedford State VA Zip Code 24523-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Surgical Care Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 30 / 2014**
Transaction ID : 4E3F7536AE9F9D28562
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rosemary Ann Kozar
 Full Name (Last, First, Middle Initial)
 Mailing Address 6431 Fannin St
 Dept of Surgery MSB 4-284
 City Houston State TX Zip Code 77030-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Texas-Houston Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : 4226F78CE8AFA038629
 Amount of Each Receipt this Period
250.00

B. Deborah Ann Kuhls
 Full Name (Last, First, Middle Initial)
 Mailing Address 2040 W Charleston Blvd
 Ste 302
 City Las Vegas State NV Zip Code 89102-2230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Nevada Occupation 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
 03 / 25 / 2014
Transaction ID : 89B6ECECC65394C2FB0
 Amount of Each Receipt this Period
500.00

C. Mark Kuhnke
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 N 1st St
 Fl 4
 City Springfield State IL Zip Code 62702-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield Clinic LLP Occupation 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
 03 / 29 / 2014
Transaction ID : D5417C9E00464FA9BA7F
 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 48 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David Soonmin Kwon		Date of Receipt 03 / 31 / 2014 Transaction ID : EE9AC7D1E4F342FFA3A3
Mailing Address 2799 W Grand Blvd K-8 Surgery		Amount of Each Receipt this Period 250.00
City Detroit	State MI	Zip Code 48202-2608
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health	Occupation 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) B. Simon David Lampard		Date of Receipt 03 / 26 / 2014 Transaction ID : F67F49FAE9E12C78E04
Mailing Address 620 Howard Ave Upmc Altoona		Amount of Each Receipt this Period 500.00
City Altoona	State PA	Zip Code 16601-4804
FEC ID number of contributing federal political committee. C		
Name of Employer Altoona Regional Health System	Occupation 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. Wayne Larrison		Date of Receipt 01 / 30 / 2014 Transaction ID : 70445E66638788C1869
Mailing Address 46 Prince St 203		Amount of Each Receipt this Period 250.00
City New Haven	State CT	Zip Code 06519-1600
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Retina 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).....▶	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 49 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Susan He Lee		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : 5AB4AEABF34345508065
Mailing Address 360 E 55th St Apt 7C		Amount of Each Receipt this Period 250.00
City New York	State NY	
Zip Code 10022-4120		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer CRT Surgery	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Warren Letton Jr.		Date of Receipt MM / DD / YYYY 03 / 15 / 2014 Transaction ID : 4C6381F005BACA25996D
Mailing Address Ouhsc Children's Hospital Pediatric Surgery Suite 2320		Amount of Each Receipt this Period 210.00
City Oklahoma City	State OK	
Zip Code 73104		Aggregate Year-to-Date ▼ 210.00
FEC ID number of contributing federal political committee. C		
Name of Employer OUHSC Children's Hospital	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. L. Scott Levin		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : E961A807739447D2404
Mailing Address University of Pennsylvania Health Orthopaedic Surgery 2 Silverstein		Amount of Each Receipt this Period 500.00
City Philadelphia	State PA	
Zip Code 19104		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Duke University Medical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	960.00
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 50 OF 114
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Warren E. Lichliter		Date of Receipt 03 / 30 / 2014 Transaction ID : D66BC54F1E584327B437
Mailing Address 3409 Worth St Ste 600		Amount of Each Receipt this Period 250.00
City Dallas	State TX	Zip Code 75246-2042
FEC ID number of contributing federal political committee. C		
Name of Employer North Texas C&R Surgery	Occupation 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) B. Amy Erna Liepert		Date of Receipt 03 / 29 / 2014 Transaction ID : B50768332E1241A9B6B0
Mailing Address 2520 Waunona Way		Amount of Each Receipt this Period 250.00
City Madison	State WI	Zip Code 53713-1523
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David A. Litvak		Date of Receipt 03 / 15 / 2014 Transaction ID : 4E319533A081B7A9A9F9
Mailing Address Cancer Treatment Centers of Americ Western Regional Medical Center		Amount of Each Receipt this Period 100.00
City Goodyear	State AZ	Zip Code 85338
FEC ID number of contributing federal political committee. C		
Name of Employer Cancer Treatment Centers of America	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 51 OF 114
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Deborah Susan Loeff		Date of Receipt MM / DD / YYYY 03 / 30 / 2014 Transaction ID : 83C745D38C5C4D4CA3E7
Mailing Address Pediatric Surgery, University of C Mc 4062 Suite A-426		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60637
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Pediatric Surgical Assoc	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Deborah Susan Loeff		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : F43DF3C503FD48B3A49B
Mailing Address Pediatric Surgery, University of C Mc 4062 Suite A-426		Amount of Each Receipt this Period 50.00
City Chicago	State IL	Zip Code 60637
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Pediatric Surgical Assoc	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Robert Roman Lorenz		Date of Receipt MM / DD / YYYY 01 / 20 / 2014 Transaction ID : 058A9911-D8F5-4E33-
Mailing Address the Head & Neck Institute the Cleveland Clinic A-71		Amount of Each Receipt this Period 1000.00
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Cleveland Clinic	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 52 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephen W. Lu		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2014 Transaction ID : 845F8A90FFBFC423F86
Mailing Address Department of Surgery Msc 10-5610		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	Zip Code 87131-0001
FEC ID number of contributing federal political committee. C		
Name of Employer University of New Mexico	Occupation 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) B. Stephen Shang-Yan Luk		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2014 Transaction ID : E34BBDA5A123E70E861
Mailing Address Utah Southwestern Medical Center Ste E5.508		Amount of Each Receipt this Period 500.00
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Trauma Program	Occupation 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. John Maa		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014 Transaction ID : EF1BCBA8A332480EB234
Mailing Address 1200 Gough St Unit 11E		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94109-6620
FEC ID number of contributing federal political committee. C		
Name of Employer University of Californis, SF	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 53 OF 114
	<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)
American College of Surgeons Professional Association PAC

A. Charles D. Mabry MD FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 W 40th Ave
 Ste 7B
 City Pine Bluff State AR Zip Code 71603-6964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgeons of South Arkansas Occupation 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 / 29 / 2014
Transaction ID : 915FAE681D914CE2872A
 Amount of Each Receipt this Period
 1000.00

B. Mary Carey MacDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 S Countryside Dr
 City Ashland State OH Zip Code 44805-3943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SRHS Occupation 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 / 30 / 2014
Transaction ID : 13D66DD22C6A4D7488EA
 Amount of Each Receipt this Period
 1000.00

C. George Orville Maish III
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Madison Ave
 Ste 215
 City Memphis State TN Zip Code 38103-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSC Occupation Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : 4C178A6E4B32E73F651F
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 54 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mark A. Malangoni

Mailing Address 1617 John F Kennedy Blvd
American Board of Surgery, Ste 860

City Philadelphia State PA Zip Code 19103-1841

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 5D45E113842C57EF94A

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Matthew Brunson Martin

Mailing Address 1002 N Church St
Ste 302

City Greensboro State NC Zip Code 27401-1449

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

Name of Employer Central Carolina Surgery Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 29 / 2014
Transaction ID : EBB11130060B45AB9924

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Peter Theodore Masiakos

Mailing Address 36 Mossman Rd

City Sudbury State MA Zip Code 01776-1310

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

Name of Employer Massachusetts General Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 26 / 2014
Transaction ID : DB0E4E6FE8A2C016C8D

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 55 OF 114
	<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	<input type="checkbox"/> 17

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

A. Mary C. McCarthy
Full Name (Last, First, Middle Initial)

Mailing Address 128 E Apple St
Wright State University Department

City Dayton State OH Zip Code 45409-2902

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

Name of Employer Miami Valley Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 26 / 2014
Transaction ID : 17A5948E429AB5BE24E

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1400 Pelham Pkwy S
Department of Surgery Jacobi Medic

City Bronx State NY Zip Code 10461-1119

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

Name of Employer Winthrop Surgical Associates Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2014
Transaction ID : 59402160A8504BF6BC2D

Amount of Each Receipt this Period
500.00

C. Norman E. McSwain Jr.
Full Name (Last, First, Middle Initial)

Mailing Address Tulane University School of Med
Department of Surgery, SI-22

City New Orleans State LA Zip Code 70112

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

Name of Employer Tulane University School of Med Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 666AF358F194DA53AC3

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 56 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Meara		Date of Receipt MM / DD / YYYY 03 / 25 / 2014 Transaction ID : C77DDECBE3B4CC62888
Mailing Address Department of Plastic Surgery Boston Children's Hospital		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 Boston Children's Hospital	Occupation 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. Mariana I. Mendible		Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 4556A8DB95ECC22A937F
Mailing Address 1259 Albair Rd		Amount of Each Receipt this Period 100.00
City Caribou	State ME	Zip Code 04736-3999
FEC ID number of contributing federal political committee. C		
Name of Employer Heinz Health Services	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Daniel Bernard Michael		Date of Receipt MM / DD / YYYY 03 / 26 / 2014 Transaction ID : 61FF5E634AB6C29862A
Mailing Address 29275 Northwestern Hwy Ste 100		Amount of Each Receipt this Period 250.00
City Southfield	State MI	Zip Code 48034-5700
FEC ID number of contributing federal political committee. C		
Name of Employer MHSI	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 57 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fabrizio Michelassi
Full Name (Last, First, Middle Initial)

Mailing Address Weill Cornell Medical College
Department of Surgery

City New York State NY Zip Code 10065

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

Name of Employer Weill Cornell Medical College Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 30 / 2014
Transaction ID : **509B006F7CD9428E8F2C**

Amount of Each Receipt this Period
500.00

B. Richard Stephen Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1211 21st Ave S
Vumc Divide of Trauma

City Nashville State TN Zip Code 37212-2717

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

Name of Employer VUMC Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2014
Transaction ID : **D675606BE1F1003D8DD**

Amount of Each Receipt this Period
250.00

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

Mailing Address 5208 Antiquity Cir

City Fairfield State CA Zip Code 94534-4169

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 31 / 2014
Transaction ID : **E2404430A34A418B845E**

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 58 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph Paul Minei
Full Name (Last, First, Middle Initial)

Mailing Address Department of Surgery Btcc
Ut Southwestern Medical Center

City Dallas State TX Zip Code 75390-0001

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

Name of Employer UT Southwestern Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 29 / 2014
Transaction ID : 97FCF583AED14E7F8BA2

Amount of Each Receipt this Period
500.00

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

Mailing Address 601 Elmwood Ave
Surg

City Rochester State NY Zip Code 14642-0001

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

Name of Employer University of Rochester Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
02 / 28 / 2014
Transaction ID : 489C8A6CCB91B2E2AD2C

Amount of Each Receipt this Period
170.00

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

Mailing Address 601 Elmwood Ave
Surg

City Rochester State NY Zip Code 14642-0001

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

Name of Employer University of Rochester Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
03 / 31 / 2014
Transaction ID : 486B93E2B0C2FB5DCE8B

Amount of Each Receipt this Period
170.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 840.00

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 59 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Frederick Alan Moore
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 100108

City Gainesville State FL Zip Code 32610-0108

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

Name of Employer University of Florida College of Medic Occupation 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 / 26 / 2014
Transaction ID : 4D93A5F4D69123FB252

Amount of Each Receipt this Period
 500.00

B. Raymond F. Morgan
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 800376
University of Virginia Health Syst

City Charlottesville State VA Zip Code 22908-0376

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

Name of Employer Univ of Virginia Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014
Transaction ID : 59A284C2712BC2313C1

Amount of Each Receipt this Period
 500.00

c. Joseph C. Muller
Full Name (Last, First, Middle Initial)

Mailing Address 10830 Martin Creek Xing

City Fort Wayne State IN Zip Code 46845-8977

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

Name of Employer Colorectal Clinic of Orlando Occupation 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 / 14 / 2014
Transaction ID : E319CDBD613F63B5241

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: (check only one)	PAGE 60 OF 114
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 231 Albert Sabin Way
PO Box 670558

City Cincinnati State OH Zip Code 45267-2827

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014
Transaction ID : D3D9078F4747354A835

Amount of Each Receipt this Period
250.00

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

Mailing Address 30 N 1900 E
Division of Urology, Rm 3B420

City Salt Lake City State UT Zip Code 84132-0002

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

Name of Employer University of UT Health Care Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2014
Transaction ID : 14ECD6F21D88D49D78B

Amount of Each Receipt this Period
500.00

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

Mailing Address 200 1st St SW
Mayo Clinic

City Rochester State MN Zip Code 55905-0001

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

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2014
Transaction ID : E8D69E51445914B9706

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 61 OF 114
	<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	<input type="checkbox"/> 17

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

A. M. Timothy Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 University of New Mexico
 Department of Surgery Msc 10 5610
 City Albuquerque State NM Zip Code 87131-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of New Mexico Occupation 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 / 30 / 2014
Transaction ID : 0AFF330BB9284FCE99CC
 Amount of Each Receipt this Period
250.00

B. Leigh A. Neumayer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 Circle of Hope Dr
 Huntsman Cancer Hospital Room N633
 City Salt Lake City State UT Zip Code 84112-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah University Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : 4155BD37D533243DBB74
 Amount of Each Receipt this Period
100.00

C. Juan Jose Noguerras
 Full Name (Last, First, Middle Initial)
 Mailing Address 7901 Sequoia Ln
 City Parkland State FL Zip Code 33067-2390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation 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 / 30 / 2014
Transaction ID : 9B388B3EE0B6434E8987
 Amount of Each Receipt this Period
500.00

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 62 OF 114
	<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	<input type="checkbox"/> 17

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

A. Patricia J. Numann
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 Highland Ave
 City Syracuse State NY Zip Code 13203-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospital Health Science Cen Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2014
Transaction ID : 41318F97ECE546FDEB87
 Amount of Each Receipt this Period 100.00

B. Patricia A. O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Montague Ter Apt 4A
 City Brooklyn State NY Zip Code 11201-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 4E48B3945D7DCCB848C4
 Amount of Each Receipt this Period 100.00

C. Frank Thomas Padberg Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Doctors Office Center Center for Vascular Disease, Suite
 City Newark State NJ Zip Code 07103-2499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Vascular Disease Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2014
Transaction ID : 8B3D7116D70AFCAB35D
 Amount of Each Receipt this Period 250.00

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 63 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Lisa A. Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address Baystate Medical Ctr
 Department of Surgery
 City Springfield State MA Zip Code 01199-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Medical Center Occupation 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 / 26 / 2014
Transaction ID : C2E2ED2CD02EFDCEDDA
 Amount of Each Receipt this Period
1000.00

B. Isaac Benjamin Paz
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 Fair Oaks Ave
 City of Hope
 City South Pasadena State CA Zip Code 91030-1814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City of Hope Occupation 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 / 30 / 2014
Transaction ID : 9DAD539A517A4AC79E5F
 Amount of Each Receipt this Period
250.00

C. James J. Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 7095 SW Benham Ct
 City Portland State OR Zip Code 97225-6051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014
Transaction ID : D5A9EC7203996236B9B
 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: PAGE 64 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Carlos A. Pellegrini

Mailing Address Department of Surgery
 University of Washington

City State Zip Code
 Seattle WA 98195-6410

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

Name of Employer Occupation
 University of Washington Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : 14DBBFBE20713ACD6CF

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
B. Roger Ronald Perry

Mailing Address 825 Fairfax Ave
 Department of Surgery Evms

City State Zip Code
 Norfolk VA 23507-1914

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

Name of Employer Occupation
 Eastern Virginia Medical School 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 / 2014

Transaction ID : 8C566E3B0843405FBFA4

Amount of Each Receipt this Period
 250.00

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

Mailing Address 185 Queen City Ave

City State Zip Code
 Manchester NH 03101-7121

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

Name of Employer Occupation
 Elliott Health Systems 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 / 30 / 2014

Transaction ID : BDC6060D3977435E9F1C

Amount of Each Receipt this Period
 250.00

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:	PAGE 65 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Raymond Richard Price
 Full Name (Last, First, Middle Initial)
 Mailing Address 5169 S Cottonwood St
 Intermountain Surgical Specialists
 City Murray State UT Zip Code 84107-6769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salt Lake Clinic Occupation 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 / 30 / 2014
Transaction ID : 737BBF025C46448081D6
 Amount of Each Receipt this Period
 500.00

B. Mohan Kandarpa Rao
 Full Name (Last, First, Middle Initial)
 Mailing Address Trover Foundation
 Third Floor Tower
 City Madisonville State KY Zip Code 42431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trover Clinic Occupation 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 / 25 / 2014
Transaction ID : 4FCC879BD4C47C15578
 Amount of Each Receipt this Period
 500.00

C. Marie A. Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address Samaritan Albany Surgical Associat
 Suite 300
 City Albany State OR Zip Code 97321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Surgical Associates Occupation 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 / 14 / 2014
Transaction ID : D5434A48009CB7FAE42
 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: (check only one)	PAGE 66 OF 114
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bhoompally Venkata Reddy		Date of Receipt MM / DD / YYYY 01 / 14 / 2014 Transaction ID : DCA7630CEB0F7BAA15D
Mailing Address 120 S Pointe Ln		Amount of Each Receipt this Period 250.00
City Clarion	State IA	Zip Code 50525-2090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Patrick M. Reilly		Date of Receipt MM / DD / YYYY 03 / 26 / 2014 Transaction ID : EB475F580D51622F94E
Mailing Address 3400 Spruce St 5 Maloney		Amount of Each Receipt this Period 250.00
City Philadelphia	State PA	Zip Code 19104-4208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of PA	Occupation 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. H. David Reines		Date of Receipt MM / DD / YYYY 03 / 29 / 2014 Transaction ID : E7BF17A765914A7C9531
Mailing Address 3300 Gallows Rd Health Science Library		Amount of Each Receipt this Period 250.00
City Falls Church	State VA	Zip Code 22042-3307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Inova Fairfax	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 114
	<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)
American College of Surgeons Professional Association PAC

A. John Paul Rioux
 Full Name (Last, First, Middle Initial)
 Mailing Address 21260 Olean Blvd
 Ste 200
 City Port Charlotte State FL Zip Code 33952-6742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2014
Transaction ID : 8E180F21-A079-41E6-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Andrew Bayard Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address Temple Vascular Surgery
 Jeanes Physicians Office Building
 City Philadelphia State PA Zip Code 19111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Temple Vascular Surgery Occupation Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : 23CE490F280B4428FDB
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Patricia Lynne Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Rd
 Lahey Clinic Medical Center
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Occupation Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : 6FA81ABFAA8AD0CD5FA
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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 68 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Alfred N. Rossi
Full Name (Last, First, Middle Initial)

Mailing Address 107 Tremont St

City Hopedale State IL Zip Code 61747-7525

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 14 / 2014
Transaction ID : **0D7C447496AAB25304D**

Amount of Each Receipt this Period
250.00

B. Michael F. Rotondo
Full Name (Last, First, Middle Initial)

Mailing Address Chief Executive Officer, Universit
University of Rochester Medical Ce

City Rochester State NY Zip Code 14642-0001

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

Name of Employer E Carolina University School of Medici Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 26 / 2014
Transaction ID : **56BF586571FEFE6F956**

Amount of Each Receipt this Period
500.00

C. Chad A. Rubin
Full Name (Last, First, Middle Initial)

Mailing Address 1655 Bernardin Ave
Ste 110

City Columbia State SC Zip Code 29204-2039

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

Name of Employer Surgical Associates of South Carolina Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
01 / 30 / 2014
Transaction ID : **801BDF0158368180182**

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00

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 69 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Valerie W. Rusch
Full Name (Last, First, Middle Initial)

Mailing Address Thoracic Service, Box 7
Memorial Sloan-Kettering Cancer Ce

City New York State NY Zip Code 10065

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

Name of Employer Memorial Sloan Kettering Cancer Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 14 / 2014
Transaction ID : **CB65F325E825E69B67**

Amount of Each Receipt this Period
500.00

B. Brian Joseph Santin
Full Name (Last, First, Middle Initial)

Mailing Address 630 W Main St
Ste 200

City Wilmington State OH Zip Code 45177-2172

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

Name of Employer Self-Employed Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 29 / 2014
Transaction ID : **A15A419E4A0041E4B433**

Amount of Each Receipt this Period
250.00

C. Heena Pravin Santry
Full Name (Last, First, Middle Initial)

Mailing Address 55 Lake Ave N
Department of Surgery

City Worcester State MA Zip Code 01655-0002

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

Name of Employer Self-Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2014
Transaction ID : **AE4BC39A1D4CBB6234E**

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 70 OF 114
	<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	<input type="checkbox"/> 17

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

A. Terry Sarantou
Full Name (Last, First, Middle Initial)

Mailing Address 1021 Morehead Medical Dr
Carolinas Medical Center, Ste 6200

City Charlotte State NC Zip Code 28204-2994

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

Name of Employer Blumethal Cancer Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 29 / 2014
Transaction ID : **AF7FDA5782E048E191BB**

Amount of Each Receipt this Period
250.00

B. Kenneth Hans Sartorelli
Full Name (Last, First, Middle Initial)

Mailing Address Fletcher Allen Health Care
267FI4

City Burlington State VT Zip Code 05401

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

Name of Employer Univ of VT Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 25 / 2014
Transaction ID : **C4937908E9353E29A61**

Amount of Each Receipt this Period
250.00

C. James Edward Satterfield
Full Name (Last, First, Middle Initial)

Mailing Address 8690 188th St

City Hollis State NY Zip Code 11423-1110

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

Name of Employer NY Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 30 / 2014
Transaction ID : **A90CE0029F114ED9B76D**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 114
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Barry Savits		Date of Receipt
Mailing Address 43 5th Ave		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
New York	NY	10003-4368
FEC ID number of contributing federal political committee.		Transaction ID : D9B61621075B4C4BB5B8
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>
Name of Employer	Occupation	
Self Employed	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rick Jeffrey Schmidt		Date of Receipt
Mailing Address 308 Signature Ct		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Safety Harbor	FL	34695-5436
FEC ID number of contributing federal political committee.		Transaction ID : 1CBDFBCA6D9D306861E
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self Employed	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gary Douglas Schmitz		Date of Receipt
Mailing Address 3615 Wild Rose Trl		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cheyenne	WY	82007-9635
FEC ID number of contributing federal political committee.		Transaction ID : 45EABD20CC35E74C886
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
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: (check only one)	PAGE 73 OF 114
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christopher Keith Senkowski		Date of Receipt 03 / 29 / 2014 Transaction ID : 3B49C9F3B85D40898CCE
Mailing Address 4700 Waters Ave 2nd Floor Ga Ear Building		Amount of Each Receipt this Period 500.00
City Savannah	State GA	Zip Code 31404-6220
FEC ID number of contributing federal political committee. C		
Name of Employer ACI Surgical Associates	Occupation 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. Paresh C. Shah		Date of Receipt 03 / 03 / 2014 Transaction ID : 4B77AEF1689F81C57AD5
Mailing Address Director Division of General Surge Vice Chair of Surgery Nyu Langone		Amount of Each Receipt this Period 75.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		
Name of Employer Lennox Hill	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Edwin W. Shearburn III		Date of Receipt 03 / 11 / 2014 Transaction ID : 4078B4BF1255C6826990
Mailing Address Grand View Surgical Associates Sellersville Outpatient Center		Amount of Each Receipt this Period 100.00
City Sellersville	State PA	Zip Code 18960
FEC ID number of contributing federal political committee. C		
Name of Employer Grand View Surgical Associates	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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 74 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carol Beth Sheridan
 Full Name (Last, First, Middle Initial)
 Mailing Address 14287 Chariots Whisper Dr
 City Carmel State IN Zip Code 46074-8198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014
Transaction ID : 641ED1652D59DDB18A7
 Amount of Each Receipt this Period
500.00

B. Steven Paul Shikiar
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Grand Ave
 City Englewood State NJ Zip Code 07631-6581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014
Transaction ID : 8476931E5DA7F6AF9FF
 Amount of Each Receipt this Period
500.00

C. G. Thomas Shires III
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Walnut Hill Ln
 Texas Health Presbyterian Hospital
 City Dallas State TX Zip Code 75231-4426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Hospital of Dallas Occupation 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 / 2014
Transaction ID : 65EBBCBD4F2C4B73BB52
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard A. Sidwell		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2014 Transaction ID : BA7CC05EA3BBED160BD
Mailing Address 1415 Woodland Ave Ste 140		Amount of Each Receipt this Period 500.00
City Des Moines	State IA	
	Zip Code 50309-3203	
FEC ID number of contributing federal political committee. C		
Name of Employer The Iowa Clinic	Occupation 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. Corydon Walter Siffring		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2014 Transaction ID : DC817433A9A642EE1F2
Mailing Address 1009 Gloucester Ct		Amount of Each Receipt this Period 500.00
City Kingsport	State TN	
	Zip Code 37660-5842	
FEC ID number of contributing federal political committee. C		
Name of Employer East Tennessee State University	Occupation 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. Mika Narad Sinanan		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2014 Transaction ID : 6A53E61E5E144D3BBF6C
Mailing Address 1959 NE Pacific St # 356410		Amount of Each Receipt this Period 500.00
City Seattle	State WA	
	Zip Code 98195-0001	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Washington	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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 76 OF 114
	<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)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)
A. Mika Narad Sinanan

Mailing Address 1959 NE Pacific St
356410

City Seattle State WA Zip Code 98195-0001

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

Name of Employer University of Washington Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 4A93905EB35906F34C75

Amount of Each Receipt this Period
100.00

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

Mailing Address 4664 Willow Ln

City Nazareth State PA Zip Code 18064-8556

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 86BE2C02515DD7D1BA5

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Howard M. Snyder III

Mailing Address Children's Hospital of Philadelphi
Wood Building, 3rd Floor

City Philadelphia State PA Zip Code 19104

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

Name of Employer Children's Hospital of Philadelphia Occupation 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 / 30 / 2014
Transaction ID : 84994BFB64A44E62B3B4

Amount of Each Receipt this Period
500.00

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 77 OF 114
	<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	<input type="checkbox"/> 17

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

A. William Spanos
Full Name (Last, First, Middle Initial)

Mailing Address 48048 Riverside Pl

City State Zip Code
Sioux Falls SD 57108-8209

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

Name of Employer Occupation
Sanford Health Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 29 / 2014
Transaction ID : A5E01E5E1480468C9B2E

Amount of Each Receipt this Period
500.00

B. James David Spiegel
Full Name (Last, First, Middle Initial)

Mailing Address 2907 Chanticleer Avenue, !St Floor

City State Zip Code
Santa Cruz CA 95065-1815

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

Name of Employer Occupation
Orthpedic Surgeons of Santa Cruz Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 24 / 2014
Transaction ID : 64B88B918683E9261A1

Amount of Each Receipt this Period
500.00

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

Mailing Address 700 Mount Hope Ave
Penobscot Surgical Care P A Suite

City State Zip Code
Bangor ME 04401-5691

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

Name of Employer Occupation
Penobscot Surgical Care PA Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 30 / 2014
Transaction ID : F2A66F7797524626B763

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 114
	<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	<input type="checkbox"/> 17

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

A. Steven M. Steinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 W 12th Ave
 Ohio State University Room 630
 City Columbus State OH Zip Code 43210-1267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State Univ Occupation 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 / 31 / 2014
Transaction ID : A821FB7CA01441D9A38E
 Amount of Each Receipt this Period
250.00

B. William Charles Sternfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 4235 Secor Rd
 Toledo Clinic Inc
 City Toledo State OH Zip Code 43623-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Toldeo Clinic, Inc Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **624.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2014
Transaction ID : 4D8B832DD1BF811B95A5
 Amount of Each Receipt this Period
208.33

C. William Charles Sternfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 4235 Secor Rd
 Toledo Clinic Inc
 City Toledo State OH Zip Code 43623-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Toldeo Clinic, Inc Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **624.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2014
Transaction ID : 49349F7335DE64612F25
 Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional).....	666.66
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 79 OF 114
	<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	<input type="checkbox"/> 17

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

A. William Charles Sternfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 4235 Secor Rd
 Toledo Clinic Inc
 City Toledo State OH Zip Code 43623-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Toldeo Clinic, Inc Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2014
Transaction ID : 4AEE99B596D9A80D5109
 Amount of Each Receipt this Period
 208.33

B. Ronald M. Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery
 Uthsc at San Antonio Mc 7840
 City San Antonio State TX Zip Code 78229-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 43D58A4C1901344BEE82
 Amount of Each Receipt this Period
 100.00

C. Robert Peter Sticca
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery
 Univ. of North Dakota Smhs Room 51
 City Grand Forks State ND Zip Code 58203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of North Dakota Occupation 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 / 2014
Transaction ID : BD767C86CBA94AF8BDBE
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	808.33
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 80 OF 114
	<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	<input type="checkbox"/> 17

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

A. James William Suliburk
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 W Kossuth St
 City Columbus State OH Zip Code 43206-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor Univ Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : 8F752907631B4F14BD16
 Amount of Each Receipt this Period **500.00**

B. Howard Lawrence Sussman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Candy Ln
 City Roslyn Heights State NY Zip Code 11577-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : 2D34AA0AF93F4239A326
 Amount of Each Receipt this Period **250.00**

C. Michael J. Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 W 40th Ave Ste 7B
 City Pine Bluff State AR Zip Code 71603-6964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Air Force Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **01 / 18 / 2014**
Transaction ID : 495CBC87207A97B29D0A
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
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 81 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael J. Sutherland
Full Name (Last, First, Middle Initial)

Mailing Address 1801 W 40th Ave
Ste 7B

City Pine Bluff State AR Zip Code 71603-6964

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

Name of Employer US Air Force Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
02 / 18 / 2014
Transaction ID : 48C3898551B10108F922

Amount of Each Receipt this Period
300.00

B. Michael J. Sutherland
Full Name (Last, First, Middle Initial)

Mailing Address 1801 W 40th Ave
Ste 7B

City Pine Bluff State AR Zip Code 71603-6964

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

Name of Employer US Air Force Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
03 / 18 / 2014
Transaction ID : 48FC90659963D9CAF1DD

Amount of Each Receipt this Period
300.00

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

Mailing Address 1801 W 40th Ave
Ste 7B

City Pine Bluff State AR Zip Code 71603-6964

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

Name of Employer US Air Force Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
03 / 30 / 2014
Transaction ID : BC6FADDD85814260BD68

Amount of Each Receipt this Period
400.00

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 82 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Beth Sutton		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : 0824C192291C48AC86A
Mailing Address 1600 Brook Ave		Amount of Each Receipt this Period 1000.00
City Wichita Falls	State TX	Zip Code 76301-5620
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jon Sutton		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : 7398C87791BE7D471DC
Mailing Address 102 Ladyshire Ln Apt B303		Amount of Each Receipt this Period 250.00
City Rockville	State MD	Zip Code 20850-6489
FEC ID number of contributing federal political committee. C		
Name of Employer American College of Surgeons	Occupation State Affairs Associate	
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. Craig Steven Swafford		Date of Receipt MM / DD / YYYY 01 / 14 / 2014 Transaction ID : 1686E72A7CEE8955377
Mailing Address 9390 Rhea County Hwy		Amount of Each Receipt this Period 250.00
City Dayton	State TN	Zip Code 37321-7939
FEC ID number of contributing federal political committee. C		
Name of Employer UT Com Chattanooga	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 84 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey Bernard Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Academy Ave
 Advanced Surgical Associates
 City Greenwood State SC Zip Code 29646-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USAF Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : B3419927C3957E1DDCC
 Amount of Each Receipt this Period
 500.00

B. Scott Gerard Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address General and Vascular Surgery
 Suite 302
 City South Bend State IN Zip Code 46601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General and Vascular Surgery Occupation 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 / 26 / 2014
Transaction ID : AF5315EA54E6B3DAC55
 Amount of Each Receipt this Period
 500.00

C. Michael Hale Thomason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 32861
 City Charlotte State NC Zip Code 28232-2861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Health Care Occupation 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 / 26 / 2014
Transaction ID : 01135D01364B7275024
 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: (check only one)	PAGE 85 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary L. Timmerman
Full Name (Last, First, Middle Initial)

Mailing Address 1508 W 22nd St
Ste 101

City State Zip Code
Sioux Falls SD 57105-1514

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

Name of Employer Occupation
Surgical Associates Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014
Transaction ID : 35C29DC09EBA707CC50

Amount of Each Receipt this Period
2500.00

B. Glen Herman Tinkoff
Full Name (Last, First, Middle Initial)

Mailing Address 4735 Ogletown Stanton Rd
Ste 3301

City State Zip Code
Newark DE 19713-7021

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

Name of Employer Occupation
Christinia Care Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2014
Transaction ID : 401ABB473BC14AE3CC97

Amount of Each Receipt this Period
100.00

C. Samual Robert Todd
Full Name (Last, First, Middle Initial)

Mailing Address Nyu School of Medicine
550 East Avenue, New Bellevue 15 E

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
The Methodist Hospital 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 / 26 / 2014
Transaction ID : 6975122E7ECF2A9D42B

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	3100.00
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 86 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Richard S. Toon
Full Name (Last, First, Middle Initial)

Mailing Address 14800 E 45th St N

City Wichita	State KS	Zip Code 67228-9400
-----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Surgeon
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2014

Transaction ID : 397D54AE98170FD2934

Amount of Each Receipt this Period
250.00

B. Patricia L. Turner
Full Name (Last, First, Middle Initial)

Mailing Address Director, Division of Member Servi
American College of Surgeons

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Surgeon
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2014

Transaction ID : 586559A128E5266FFB9

Amount of Each Receipt this Period
500.00

C. Jamie Sue Ullman
Full Name (Last, First, Middle Initial)

Mailing Address 7901 Broadway
Elmhurst Hospital Center Departmen

City Elmhurst	State NY	Zip Code 11373-1329
------------------	-------------	------------------------

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

Name of Employer Mt Sinai School of Medicine	Occupation 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	/	25	/	2014

Transaction ID : 469DCF2301C2559A4C5

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 87 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alex B. Valadka		Date of Receipt
Mailing Address 1400 N Interstate 35 Seton Brain and Spine Institute, S		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Austin	State TX	Zip Code 78701-1926
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A1AA1DAFF4674C2BBEB
Name of Employer Seton		Amount of Each Receipt this Period
Occupation Surgeon		<input type="text" value="2000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) B. Wayne Edward VanderKolk		Date of Receipt
Mailing Address 245 Cherry St SE Ste 102		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Grand Rapids	State MI	Zip Code 49503-4607
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : F04730F4124630A7FC9
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Josef Jan Vanek		Date of Receipt
Mailing Address 196 W Main St		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Uniontown	State PA	Zip Code 15401-5537
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : EDCD11A0DCF9597CB5F
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation 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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3500.00"/>
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: (check only one)	PAGE 88 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. Michael P. Vezeridis

Mailing Address Univ Surgical Associates
Suite 470

City Providence State RI Zip Code 02905

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

Name of Employer University Surgical Associates Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 29 / 2014

Transaction ID : **F9677DA43A7C4C888C04**

Amount of Each Receipt this Period
250.00

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

Mailing Address Baystate Medical Ctr
Department of Surgery Room S3680

City Springfield State MA Zip Code 01199-0001

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

Name of Employer Baystate Medical Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2014

Transaction ID : **B1540DDBDA4B412E9F12**

Amount of Each Receipt this Period
500.00

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

Mailing Address 1500 E Medical Center Dr
Cvc 5179 Space 5867

City Ann Arbor State MI Zip Code 48109-5000

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

Name of Employer University of Michigan Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 30 / 2014

Transaction ID : **49ED2CCCEFB17DD3ED6**

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 89 OF 114
	<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)
American College of Surgeons Professional Association PAC

A. Andrew L. Warsaw
 Full Name (Last, First, Middle Initial)
 Mailing Address **Massachusetts General Hospital**
Bullfinch 370C
 City **Boston** State **MA** Zip Code **02114-2696**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Massachusetts General Hospital** Occupation **Surgeon**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **01 / 30 / 2014**
Transaction ID : BDDE9D7F224F393C597
 Amount of Each Receipt this Period **1000.00**

B. Andrew L. Warsaw
 Full Name (Last, First, Middle Initial)
 Mailing Address **Massachusetts General Hospital**
Bullfinch 370C
 City **Boston** State **MA** Zip Code **02114-2696**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Massachusetts General Hospital** Occupation **Surgeon**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : 9C0A8592B4FA425681D0
 Amount of Each Receipt this Period **250.00**

C. Clarence Boyett Watridge
 Full Name (Last, First, Middle Initial)
 Mailing Address **6325 Humphreys Blvd**
 City **Memphis** State **TN** Zip Code **38120-2300**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Semmer Murphey Clinic** Occupation **Surgeon - Neurosurgeon**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 30 / 2014**
Transaction ID : A61F747491A2488E69B
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 90 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher Madison Watson		Date of Receipt
Mailing Address 9 Medical Park Drive Suite 450		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Columbia	State SC	Zip Code 29203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4828975DDAB4AEED5655
Name of Employer Palmetto Health Richland	Occupation Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Christopher Madison Watson		Date of Receipt
Mailing Address 9 Medical Park Drive Suite 450		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Columbia	State SC	Zip Code 29203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4D865B4279044C08932A
Name of Employer Palmetto Health Richland	Occupation Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="700.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Todd Steven Weinstein		Date of Receipt
Mailing Address 820 Fulton St		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Logansport	State IN	Zip Code 46947-1517
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 064531CD-2A14-4345-
Name of Employer Logansport Memorial General Surgery	Occupation Surgeon	Amount of Each Receipt this Period
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"/>
	<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: (check only one)	PAGE 91 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Leonard Joseph Weireter Jr.
Full Name (Last, First, Middle Initial)

Mailing Address Eastern Virginia Medical School
Department of Surgery, Suite 610

City Norfolk State VA Zip Code 23507

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

Name of Employer Eastern Virginia Medical School Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2014
Transaction ID : 1FD89AE7D6792345F2E

Amount of Each Receipt this Period 1000.00

B. Mark Christian Weissler
Full Name (Last, First, Middle Initial)

Mailing Address 610 Burnett-Womack Building
G106 Physicians' Office Building,

City Chapel Hill State NC Zip Code 27599-7070

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

Name of Employer University of North Carolina Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2014
Transaction ID : C6294897-E983-4CDA-

Amount of Each Receipt this Period 250.00

C. Cheryl Ann Wesen
Full Name (Last, First, Middle Initial)

Mailing Address Van Elslander Cancer Center
Suite 38

City Grosse Pointe Wood State MI Zip Code 48236

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

Name of Employer St. John Hospital and Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 29 / 2014
Transaction ID : 2CAF2287F79E4AC28BE2

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 92 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven David Wexner		Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2014 Transaction ID : 04CFD02BE52C629E075
Mailing Address 2950 Cleveland Clinic Blvd Cleveland Clinic Florida		Amount of Each Receipt this Period 1000.00
City Weston	State FL	Zip Code 33331-3609
FEC ID number of contributing federal political committee.	C	
Name of Employer Cleveland Clinic	Occupation 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. Joseph L. Wilhelm		Date of Receipt M M / D D / Y Y Y Y Y 01 / 14 / 2014 Transaction ID : E03B88F660792149216
Mailing Address 702 W Lake Lansing Rd		Amount of Each Receipt this Period 500.00
City East Lansing	State MI	Zip Code 48823-8526
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Stephen Charles Wilson		Date of Receipt M M / D D / Y Y Y Y Y 01 / 14 / 2014 Transaction ID : 6BB2D97209BEC5C1473
Mailing Address 477 N El Camino Real Ste B303		Amount of Each Receipt this Period 250.00
City Encinitas	State CA	Zip Code 92024-1331
FEC ID number of contributing federal political committee.	C	
Name of Employer Sharp Mission Park Medical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 93 OF 114
	<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	<input type="checkbox"/> 17

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

A. Robert John Winchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 887 Congress St
 Ste 210
 City Portland State ME Zip Code 04102-3166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maine Medical Center Occupation 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 / 2014
Transaction ID : 40C5FFBA-4D26-4488-
 Amount of Each Receipt this Period
 250.00

B. Randy Joseph Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 E Apple St
 Wright State University Som - Surg
 City Dayton State OH Zip Code 45409-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : B59F0401-8D34-4FC4-
 Amount of Each Receipt this Period
 300.00

C. Randy Joseph Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 E Apple St
 Wright State University Som - Surg
 City Dayton State OH Zip Code 45409-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2014
Transaction ID : E116C73BCF3241AEBB64
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 94 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael J. Zinner

Mailing Address Department of Surgery
 Brigham and Women's Hospital

City Boston State MA Zip Code 02115

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

Name of Employer Brigham and Woman Occupation 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 Y
 03 / 25 / 2014

Transaction ID : **9D866B8C4B2E9B17E03**

Amount of Each Receipt this Period
 1000.00

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

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

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

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	130594.99

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Ameriash B. Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 7E3880DD90AFBB3540C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Ameriash B. Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : A4CC0F9F3D9734F580D

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Garland Hale Barr IV

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : D90158161DB011A7639

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City State Zip Code
Bel Air MD 21014

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Andrew P. Harris

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 8D07C82C95B769F0D91

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

William H. Flores

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : 6387C978FF4D59B54FA

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City State Zip Code
the Woodlands TX 77387-8277

Purpose of Disbursement
2014 General Contribution

Candidate Name

Kevin Brady

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D8ED7C9C71D05EFDC86

Amount of Each Disbursement this Period

5000.00

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

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

9000.00

**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)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Bucshon for Congress

Mailing Address PO Box 250

City State Zip Code
Newburgh IN 47629

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Larry D. Bucshon

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : 1D2F82F2CABA88EF185

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598-0126

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Charles W. Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

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

Transaction ID : 328B2385157615F3476

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Mailing Address PO Box 442

City State Zip Code
Allentown PA 18105

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Charles W. Dent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

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

Transaction ID : FD2736DC94DBF660636

Amount of Each Disbursement this Period

2	5	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
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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)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Susan Margaret Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : B1108388C02F7F10F10

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

David Lee Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 5393E59F9FECDDAD742A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : 720C263CBD3DB10F4EB

Amount of Each Disbursement this Period

15000.00

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

20000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 916028C647614AB57FB

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Raul Ruiz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 7C07E211BE382CCADB

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Enzi for US Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : E8CB8CDFB87655C8707

Amount of Each Disbursement this Period

2500.00

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

19500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 389B88193BB317E50FE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Freedom Project, The

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Freedom Project, The

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 100927B665C9C1CC4A9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Daniel Benjamin Maffei

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 6106E3A32C5A64BBE79

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 9974469D35F0E99F7A5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

John A. Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 7CEAD6549DB24FFA48D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Sherrod Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 48F327BC2C4859C7752

Amount of Each Disbursement this Period

1500.00

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Val Arkoosh

Mailing Address PO Box 1011

City Glenside State PA Zip Code 19038

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Valerie Ann Arkoosh

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : A1590D6E38EACF6C097

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Raymond Eugene Green

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : B2E7024654666C45A62

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Johnny Isakson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : 3295A29A4B519BBFFEA

Amount of Each Disbursement this Period

1500.00

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

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

9000.00

**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)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2018 Primary Contribution

Candidate Name

Orrin G. Hatch

Office Sought: House Senate President

State: UT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 5199A6334D65D243BDB

Amount of Each Disbursement this Period

1000.00

B. Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2014 Contribution

Candidate Name

Healthcare Freedom Fund

Office Sought: House Senate President

State:

District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 6AAB95B06B524117B0F

Amount of Each Disbursement this Period

5000.00

C. Hope for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3060

City Arlington State VA Zip Code 22203

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Patrick A. Hope

Office Sought: House Senate President

State: VA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2014

Transaction ID : 2926AB960E165F47CEA

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

**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)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

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

Transaction ID : 6B7DBA3A71364A30060

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

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

Transaction ID : 89E1A95E35D21FA37DA

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Richard Lane Hudson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

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

Transaction ID : F3E0B0E5625337A16EA

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	5	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)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : **BF7338429C81C43ACA7**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : **69A82E3BEF3D1EEEC5A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kristi for Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Kristi Lynn Noem

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : **2AED71FCD5657548640**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Leonard Lance

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 7F4006C50097184C76B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Langevin for Congress

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

James R. Langevin

Category/
Type

Office Sought: House
 Senate
 President
State: RI 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 / 11 / 2014

Transaction ID : 5C7EE5DCA1E7F05AA73

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lee Terry for Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Lee Terry

Category/
Type

Office Sought: House
 Senate
 President
State: NE 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 / 11 / 2014

Transaction ID : 7ED5CACEA3E8CD82BC4

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 6457039521E3BE7890F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : E1F42360234A6A3244F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski for US Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Lisa Ann Murkowski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 6B71ACCD7551A142283

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Lone Star Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 18B0C19FCF55DB3E219

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024-3750

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 3C107BF860C663F55C2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matsui for Congress

Mailing Address PO Box 1738

City State Zip Code
Sacramento CA 95812

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Doris O. Matsui

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : 684A2092500D9004D6A

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 21A8016039C23CF2AA4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 8F76E876D01A00EB188

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Michael Clifton Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : E0C0134251B83093A72

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : EA043071BEE321DB19A

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Pat Roberts for U.S. Senate, Inc.

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 498CEBBB56030BDF535

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Tonko for Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Paul D. Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 69B16617C5FF3CA2955

Amount of Each Disbursement this Period

1500.00

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

17500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. People for Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 8950F94878912C0F1F5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Renee Jacisin Ellmers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 4CDBAC20EA61E8BAA45

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Shore PAC

Mailing Address PO Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Shore PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 35803C9F6F9C47F0DF0

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Simpson for Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Michael K. Simpson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : A8B7F3EA7FEC989FE34

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steve Israel for Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : 8C41FEA36A01FB13D57

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Texans for Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

John Cornyn III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 494C4577C3B3BB48C83

Amount of Each Disbursement this Period

1500.00

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)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Tim Murphy for Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Timothy F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

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

Transaction ID : **AB19C8705BC11AF50F6**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456-0391

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Thomas W. Reed II.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

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

Transaction ID : **4663A9373291D76FCA1**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Fredrick Stephen Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

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

Transaction ID : **B7C7B1CB4A365A0018A**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8	0	0	0	.	0	0
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8	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Voice for Freedom

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Voice for Freedom

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : FFA93138DD7608394F0

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: OR District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 127CD748B01C1974E01

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Yarmuth for Congress

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

John A. Yarmuth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: KY District: 03

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 364D75152C8F6ADD323

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

189500.00