

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00381459
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rebecca M. Maron

Signature of Treasurer Electronically Filed by Rebecca M. Maron Date 10 06 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Society for Vascular Surgery Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		30778.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	30778.36									
(c) Total Receipts (from Line 19)	47225.00	47225.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78003.36	78003.36								
7. Total Disbursements (from Line 31)	22750.00	22750.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55253.36	55253.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Society for Vascular Surgery Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	43150.00	43150.00
(ii) Unitemized	4075.00	4075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47225.00	47225.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47225.00	47225.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47225.00	47225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47225.00	47225.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	22750.00	22750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22750.00	22750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22750.00	22750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	47225.00	47225.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47225.00	47225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Alex Ammar		Date of Receipt	
	Mailing Address 818 N. Emporia Suite 200		M M / D D / Y Y Y Y Y 06 / 19 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5033
	Wichita	KS	67214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Wichita Surgical Group		Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Dennis J Baker		Date of Receipt	
	Mailing Address 11301 Wilshire Blvd		M M / D D / Y Y Y Y Y 04 / 14 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4943
	Los Angeles	CA	90073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Private Practice		Occupation Vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey L Ballard		Date of Receipt	
	Mailing Address 1842 Derby Drive		M M / D D / Y Y Y Y Y 05 / 14 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4955
	North Tustin	CA	92705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
	Name of Employer Private Practice		Occupation Vascular 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)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 33
(check only one)

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

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

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

Mailing Address 5121 Burt Street

City State Zip Code
Omaha NE 68132

FEC ID number of contributing federal political committee. C

Name of Employer Private practice Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 22 / 2009
Transaction ID: SA11AI.5000

Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Dr. Russell Becker

Mailing Address 8341 Grovemont Center

City State Zip Code
Grand Blanc MI 48439

FEC ID number of contributing federal political committee. C

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2009
Transaction ID: SA11AI.4964

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Victor M Bernhard

Mailing Address 3627 Grand Valley Camel Road

City State Zip Code
Palisdae CO 81526

FEC ID number of contributing federal political committee. C

Name of Employer Private Practice Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2009
Transaction ID: SA11AI.4988

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Dr. Wilfred I Carney

Mailing Address 13 Sleep Lane

City State Zip Code
Tiverton RI 02878

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

Name of Employer Private Practice Occupation Vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA11AI.4978

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Patrick Clagett

Mailing Address 5321 Harry Hines Way

City State Zip Code
Dallas TX 75390

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

Name of Employer Univ. of TX Southwestern Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.4908

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 395 Cervantes Road

City State Zip Code
Portola Valley CA 94028

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

Name of Employer Private Practice Occupation Vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA11AI.4998

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. R. Clement Darling		Date of Receipt MM / DD / YYYY 05 / 28 / 2009
Mailing Address 10 Park Edge Lane		Transaction ID: SA11AI.4960
City Delmar	State NY	Zip Code 12054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. David Deaton		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 1593 Piscataway Road		Transaction ID: SA11AI.5016
City Crownsville	State MD	Zip Code 21032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Magruder Donaldson		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 85 Lincoln Street		Transaction ID: SA11AI.5034
City Framingham	State MA	Zip Code 01702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Metro West Medical Center	Occupation vascular 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)	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 10 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Toby J Dunn		Date of Receipt	
	Mailing Address 621 N. Hall Street Suite 100		M M / D D / Y Y Y Y Y 06 / 29 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5046
	Dallas	TX	75226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1250.00	
Name of Employer Texas Vascular Assocs		Occupation Vascular Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Peter L Faries		Date of Receipt	
	Mailing Address 6 Red Oak Drive		M M / D D / Y Y Y Y Y 06 / 22 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5002
	Rye	NY	10580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Private Practice		Occupation Vascular Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Rumi Fraizer		Date of Receipt	
	Mailing Address 1 Hospital Drive		M M / D D / Y Y Y Y Y 04 / 20 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4940
	Columbia	MO	65212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Division of Vascular Surgery		Occupation Vascular Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 11 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Julie Freischlag

Mailing Address East Baltimore Campus

City State Zip Code
Baltimore MD 21205

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

Name of Employer Johns Hopkins Univ. Sof M Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.4912

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Julie Freischlag

Mailing Address East Baltimore Campus

City State Zip Code
Baltimore MD 21205

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

Name of Employer Johns Hopkins Univ. Sof M Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.5060

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dennis R Gable

Mailing Address 5061 Royal Creek Lane

City State Zip Code
Plano TX 75093

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

Name of Employer Private practice Occupation Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.5050

Amount of Each Receipt this Period
1250.00

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 12 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Kathleen Gibson		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 1135 116th Ave NE Suite 305		Transaction ID: SA11AI.4990
City Bellevue	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Private practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Bradley R Grimsley		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address 621 N. Hall Street Suite 100		Transaction ID: SA11AI.5048
City Dallas	State TX	Zip Code 75226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Texas Vascular Assocs.	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Dr. William Hadcock		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 7249 N. Sequoia		Transaction ID: SA11AI.4976
City Fresno	State CA	Zip Code 93711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Private Practice	Occupation Vascular 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)	7250.00
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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Ian Hamilton, Jr.	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 1109 Burleyson Road Suite 202	Transaction ID: SA11AI.4914
	City State Zip Code Dalton GA 30720	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Comprehensive Vascular Care Occupation vascular surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Ian Hamilton, Jr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1109 Burleyson Road Suite 202	Transaction ID: SA11AI.5030
	City State Zip Code Dalton GA 30720	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Comprehensive Vascular Care Occupation vascular surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Stephen E Hohmann	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 621 N. Hall Street Suite 100	Transaction ID: SA11AI.5044
	City State Zip Code Dallas TX 75226	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Texas Vascular Assocs. Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

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: PAGE 14 / 33
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. John C Kedora

Mailing Address 3901 Travis Street
Apt. 131

City State Zip Code
Dallas TX 75204

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

Name of Employer Occupation
Texas Vascular Associates Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.5042

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Larry Kraiss

Mailing Address 30 N. 1900th

City State Zip Code
Salt Lake City UT 84132

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

Name of Employer Occupation
Univ. of Utah Medical Center vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.4907

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Larry Kraiss

Mailing Address 30 N. 1900th

City State Zip Code
Salt Lake City UT 84132

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

Name of Employer Occupation
Univ. of Utah Medical Center vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA11AI.5010

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Kara Kvilekval		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
Mailing Address 2500 Nesconsett Hwy Bldg 21C		Transaction ID: SA11AI.5007
City Stony Brook	State NY	Zip Code 11790
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Vas. Assocs. of Long Island	Occupation Vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Richard A Lynn		Date of Receipt MM / DD / YYYY 05 / 04 / 2009
Mailing Address 1411 N. Flagler Drive Suite 9700		Transaction ID: SA11AI.4950
City West Palm Beach	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Michael Makaroun		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 3110 MacCorkle Ave.		Transaction ID: SA11AI.5025
City Pittsburgh	State PA	Zip Code 15213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ. of Pittsburgh	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 16 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Daniel McGraw

Mailing Address 705 Garfield Avenue
Suite 460

City Parkersburg State WV Zip Code 26101

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

Name of Employer Camden Clark Mem Hosp, Phys Of
Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.4939

Amount of Each Receipt this Period
100.00

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

Mailing Address 705 Garfield Avenue
Suite 460

City Parkersburg State WV Zip Code 26101

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

Name of Employer Camden Clark Mem Hosp, Phys Of
Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4951

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Daniel McGraw

Mailing Address 705 Garfield Avenue
Suite 460

City Parkersburg State WV Zip Code 26101

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

Name of Employer Camden Clark Mem Hosp, Phys Of
Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4959

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Daniel McGraw

Mailing Address 705 Garfield Avenue
Suite 460

City Parkersburg State WV Zip Code 26101

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

Name of Employer Camden Clark Mem Hosp, Phys Of
Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.5039

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. John M McIlduff

Mailing Address 5457 Pepper Mill Road

City Grand Blanc State MI Zip Code 48439

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

Name of Employer Private Practice
Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: SA11AI.4966

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert Monar

Mailing Address 12441 Mocerri Drive

City Grand Blanc State MI Zip Code 48439

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

Name of Employer Private Practice
Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.4946

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 18 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Gregory J Pearl		Date of Receipt	
	Mailing Address 621 N Hall Street Suite 100		M M / D D / Y Y Y Y Y 06 / 29 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5054
	Dallas	TX	75226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1250.00	
	Name of Employer Texas Vascular Assocs.		Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Ralph Pfeiffer, Jr.		Date of Receipt	
	Mailing Address 171 Mobile Infirmary Blvd		M M / D D / Y Y Y Y Y 02 / 18 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4929
	Mobile	AL	36607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Vascular Specialists of Mobile		Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Ralph Pfeiffer, Jr.		Date of Receipt	
	Mailing Address 171 Mobile Infirmary Blvd		M M / D D / Y Y Y Y Y 06 / 22 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5038
	Mobile	AL	36607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
	Name of Employer Vascular Specialists of Mobile		Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

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 19 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Seshadri Raju		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 2223 Eastover Drive		Transaction ID: SA11AI.5031		
	City Dalton	State GA	Zip Code 30720	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Private Practice	Occupation Vascular Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Rhodes		Date of Receipt MM / DD / YYYY 06 / 22 / 2009		
	Mailing Address 8 Deland Park		Transaction ID: SA11AI.4994		
	City Fairport	State WY	Zip Code 14450	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Private Practice	Occupation Vascular surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr. Sean Roddy		Date of Receipt MM / DD / YYYY 04 / 21 / 2009		
	Mailing Address 43 New Scotland Ave		Transaction ID: SA11AI.4949		
	City Albany	State NY	Zip Code 12208	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Vascular Group, PLLC	Occupation Vascular Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 20 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Sean Roddy

Mailing Address 43 New Scotland Ave

City Albany State NY Zip Code 12208

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

Name of Employer The Vascular Group, PLLC Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA11AI.5009

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Louis R Roedersheimer

Mailing Address 5393 Manortree Court

City Cincinnati State OH Zip Code 45238

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

Name of Employer Private Practice Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.4971

Amount of Each Receipt this Period 300.00

C.

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

Mailing Address 16 N. Pheasant Run

City Rome State GA Zip Code 30161

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA11AI.5005

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: PAGE 21 / 33

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Samer Saiedy

Mailing Address 7600 Osler Drive
Suite 107

City State Zip Code
Towson MD 21204

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

Name of Employer Occupation
Private Practice Vascular surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.4992

Amount of Each Receipt this Period

3000.00

B.

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

Mailing Address 433 Central Avenue

City State Zip Code
Westfield NJ 07109

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

Name of Employer Occupation
The Cardiovascular Care Group Vascular Surgeon

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

Date of Receipt

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

Transaction ID: SA11AI.4975

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Russell Samson

Mailing Address 600 N. Cattleman Road
Suite 220

City State Zip Code
Sarasota FL 34232

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

Name of Employer Occupation
Samson, Showalter, Lepore VS vascular surgeon

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4953

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 33
(check only one)

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

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

A.

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

Mailing Address 993 Park Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.5026

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gary Seabrook

Mailing Address 9200 W. Wisconsin

City State Zip Code
Milwaukee WI 53326

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

Name of Employer Medical College of Wisconsin Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: SA11AI.4954

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen Settle

Mailing Address 3825 Westlake Drive

City State Zip Code
Austin TX 78746

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

Name of Employer Private Practice Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA11AI.4996

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. William P Shutze, Jr.

Mailing Address 621 N. Hall Street
Suite 100

City State Zip Code
Dallas TX 75226

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

Name of Employer Occupation
Texas Vascular Assoc Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.5052

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Anton Sidawy

Mailing Address 50 Irving Street NW
Suite 2A155

City State Zip Code
Washington DC 20422

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

Name of Employer Occupation
Washington Hospital Center Vascular Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.4937

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bertham L Smith

Mailing Address 621 N. Hall Street
Suite 100

City State Zip Code
Dallas TX 75226

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

Name of Employer Occupation
Texas Vascular Assocs. Vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.5056

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Swee Lian Tan

Mailing Address 1145 Broadway

City State Zip Code
Seattle WA 98122

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

Name of Employer Polyclinic Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA11AI.5037

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel Walsh

Mailing Address One Medical Center Dr

City State Zip Code
Lebanon NH 03756

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

Name of Employer Dartmouth-Hitchcock Med. Ctr Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11AI.4921

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. David B Wilson

Mailing Address 6015 Brookstone Lane

City State Zip Code
Grand Blanc MI 48439

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

Name of Employer Private practice Occupation Vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.5058

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 33	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Robert Zwolak		Date of Receipt		
	Mailing Address 1 Medical Center Drive		M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9		
	City Lebanon	State NH	Zip Code 03756	Transaction ID: SA11AI.4911	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Dartmouth-Hitchcock Med. Ctr.	Occupation vascular surgeon	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	43150.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 33

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

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY BISHOP	Transaction ID: SB23.5085 Date of Disbursement 06 / 01 / 2009
	Mailing Address PO Box 437	Amount of Each Disbursement this Period 1000.00
	City Farmingville State NY Zip Code 11738	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charles Boustany for Congress	Transaction ID: SB23.5063 Date of Disbursement 02 / 26 / 2009
	Mailing Address 2501 Wisconsin Ave., NW Suite 304	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement	Category/Type
	Candidate Name Charles Boustany for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.5074 Date of Disbursement 04 / 20 / 2009
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	Category/Type
	Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.5077 Date of Disbursement: 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CHRISTOPHER J DODD</p> <p>Mailing Address PO BOX 270701</p> <p>City WEST HARTFORD State CT Zip Code 06127</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 00</p>	<p>Transaction ID: SB23.5064 Date of Disbursement: 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHRISTOPHER J DODD</p> <p>Mailing Address PO BOX 270701</p> <p>City WEST HARTFORD State CT Zip Code 06127</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 00</p>	<p>Transaction ID: SB23.5087 Date of Disbursement: 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
RUSSELL D FEINGOLD

Transaction ID: SB23.5061
Date of Disbursement

Mailing Address 7114 DONNA DR

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

City MIDDLETON State WI Zip Code 53562

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House Senate President
State: WI District: 00
Disbursement For: 2010 Primary General Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
BART GORDON

Transaction ID: SB23.5094
Date of Disbursement

Mailing Address P.O. Box 2008

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

City Murfreesboro State TN Zip Code 37133

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House Senate President
State: TN District: 06
Disbursement For: 2010 Primary General Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
CHARLES E GRASSLEY

Transaction ID: SB23.5091
Date of Disbursement

Mailing Address PO BOX 1000

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

City DES MOINES State IA Zip Code 50304

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House Senate President
State: IA District: 00
Disbursement For: 2010 Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Gene Green Congressional Ctme</p> <p>Mailing Address P.O. Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5082</p> <p>Date of Disbursement MM / DD / YYYY 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) THOMAS RICHARD HARKIN</p> <p>Mailing Address 508 COTTAGE</p> <p>City CUMMING State IA Zip Code 50061</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5067</p> <p>Date of Disbursement MM / DD / YYYY 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Steny HOYER FOR CONGRESS</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5072</p> <p>Date of Disbursement MM / DD / YYYY 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jay INSLEE FOR CONGRESS	Transaction ID: SB23.5095
	Mailing Address PO Box 33027	Date of Disbursement 06 / 25 / 2009
	City Seattle State WA Zip Code 98133	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BLANCHE LAMBERT LINCOLN	Transaction ID: SB23.5093
	Mailing Address 707 PLEASANT VALLEY DRIVE #20	Date of Disbursement 06 / 24 / 2009
	City LITTLE ROCK State AR Zip Code 72212	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRANK JR. PALLONE	Transaction ID: SB23.5081
	Mailing Address 1187 Ocean Ave.	Date of Disbursement 05 / 27 / 2009
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Frank Pallone for Congress Mailing Address P.O. Box 3167 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5068 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00 Category/Type
B. Full Name (Last, First, Middle Initial) Tom PRICE FOR CONGRESS Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5080 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type
C. Full Name (Last, First, Middle Initial) Tom PRICE FOR CONGRESS Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5092 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS	Transaction ID: SB23.5088
	Mailing Address PO BOX 360 PO BOX 374	Date of Disbursement MM / DD / YYYY 06 / 22 / 2009
	City PRESCOTT	State AR
	Zip Code 71857	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AR District: 04	

B.	Full Name (Last, First, Middle Initial) CHARLES E SCHUMER	Transaction ID: SB23.5089
	Mailing Address 509 MADISON AVE	Date of Disbursement MM / DD / YYYY 06 / 22 / 2009
	City NEW YORK	State NY
	Zip Code 10022	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 00	

C.	Full Name (Last, First, Middle Initial) JOHN M SHIMKUS	Transaction ID: SB23.5066
	Mailing Address 504 Sumner Boulevard	Date of Disbursement MM / DD / YYYY 02 / 26 / 2009
	City Collinsville	State IL
	Zip Code 62234	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 19	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 33

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

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

A. Full Name (Last, First, Middle Initial) DEBBIE STABENOW Mailing Address 7143 STEEPLE CHASE City LANSING State MI Zip Code 48917 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5079 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type
B. Full Name (Last, First, Middle Initial) EDOLPHUS TOWNS Mailing Address 286 HIGHLAND BOULEVARD City BROOKLYN State NY Zip Code 11207 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5071 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

22750.00