

**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 293
	<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. John C. Alverdy
 Full Name (Last, First, Middle Initial)
 Mailing Address University of Chicago
 Department of Surgery Mc 6090
 City Chicago State IL Zip Code 60637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chgo 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
 12 / 08 / 2015
Transaction ID : B9A6068A8F259EFE045
 Amount of Each Receipt this Period
500.00

B. Brock Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 S Washington St
 Ste 200
 City Casper State WY Zip Code 82601-2951
 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
 10 / 12 / 2015
Transaction ID : B65E6BD3479D21FE0AD
 Amount of Each Receipt this Period
500.00

C. David Ronald Antonenko
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery Box 9037
 University of North Dakota
 City Grand Forks State ND Zip Code 58202-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Dakota Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 458C31021E240FF415C
 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).....	