

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Surgeons Professional Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		172868.08
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	264910.59									
(c) Total Receipts (from Line 19)	48250.00	379506.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	313160.59	552374.08								
7. Total Disbursements (from Line 31)	3442.58	242656.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	309718.01	309718.01								
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

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)	40600.00	312795.00
(ii) Unitemized	7650.00	66711.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48250.00	379506.00
(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)	48250.00	379506.00
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))	48250.00	379506.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48250.00	379506.00

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.....	942.58	6306.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	942.58	6306.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	234500.00
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	1850.00
(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	1850.00
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))..	3442.58	242656.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3442.58	242656.07

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)	48250.00	379506.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48250.00	377656.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	942.58	6306.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	942.58	6306.07

**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 / 40
	<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	

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.

Full Name (Last, First, Middle Initial)
Gregg Allen Adams

Mailing Address 751 S Bascom Ave

City San Jose State CA Zip Code 95128-2604

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 ▼ 750.00

Date of Receipt 07 / 27 / 2010

Transaction ID: BD23B96E3E58A7172D9

Amount of Each Receipt this Period 750.00

B.

Full Name (Last, First, Middle Initial)
Idatonye Ibibama Afonya

Mailing Address 605 Summit Ave

City Crookston State MN Zip Code 56716-2712

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

Name of Employer Riverview Health System Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2010

Transaction ID: 6586CCE76F83B93BA76

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
John Hulse Armstrong

Mailing Address University of Florida Box 100286

City Gainesville State FL Zip Code 32610-0286

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

Name of Employer University of Florida Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 26 / 2010

Transaction ID: D716C0063F9B9504771

Amount of Each Receipt this Period 2500.00

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 7 / 40
	<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.

Full Name (Last, First, Middle Initial)
Carlton Carter Barnett, Jr.

Mailing Address PO Box 845347

City Dallas State TX Zip Code 75284-5347

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

Name of Employer Denver Health Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 27 / 2010

Transaction ID: 81170EBE9F9133639A2

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Erik Sven Barquist

Mailing Address 9380 SW 150th St Ste 100

City Miami State FL Zip Code 33176-7979

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

Name of Employer Public Health Institute Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2010

Transaction ID: 159D0D4B02E9411ED5C

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ronnie Sean Benoit

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 Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 27 / 2010

Transaction ID: 3E00DA885F8C3B82BCF

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 / 40
	<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.	Full Name (Last, First, Middle Initial) Barry David Bernfeld		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 3003 Tieton Dr Ste 300		Transaction ID: 57B1727C943FB628086		
	City Yakima	State WA	Zip Code 98902-3686	Amount of Each Receipt this Period 250.00	
	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			

B.	Full Name (Last, First, Middle Initial) James Walker Bonds		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 676 Trumpet Cir 676 Trumpet Circle		Transaction ID: F65E344D0FDE280918D		
	City Birmingham	State AL	Zip Code 35226-4915	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jefferson Clinic	Occupation 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) Patrick Langdon Bosarge		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 2451 Fillingim St Usamc 10th Floor Suite I		Transaction ID: 08039212B6EE73BEA98		
	City Mobile	State AL	Zip Code 36617-2238	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of South Alabama	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: PAGE 9 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Carla Maria Cassani

Mailing Address 800 Ringwood Ave

City State Zip Code
Menlo Park CA 94025-2238

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 / D D / Y Y Y Y Y
07 / 14 / 2010

Transaction ID: 0E0B750275E1334266C

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Steven Li-Wen Chen

Mailing Address Uc Davis Cancer Center Suite 3010

City State Zip Code
Sacramento CA 95817

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 / D D / Y Y Y Y Y
07 / 27 / 2010

Transaction ID: 31D1832971418737661

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Stephen Shou-Heng Cheng

Mailing Address 1411 N Beckley Ave Ste 268

City State Zip Code
Dallas TX 75203-1260

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

Name of Employer Methodist Dallas Med Ctr Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2010

Transaction ID: B63BF3A9F3825CAF44B

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial) Robert Roland Cima		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address Gonda 9 S Mayo Clinic		Transaction ID: 4F27A73F1C1D51594FA
City Rochester	State Zip Code MN 55905-0001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Gary Collins		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 45 University Ave SE Unit 808		Transaction ID: 6945D2F005F6E7DD3D1
City Minneapolis	State Zip Code MN 55414-1199	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Health Partners/Regions Hosp	Occupation Surgeon	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Charles V. Coren		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 320 Post Ave Ste 101		Transaction ID: 1E5262598CCDDD201C6
City Westbury	State Zip Code NY 11590-2258	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: PAGE 11 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Edward E. Cornwell, III

Mailing Address Howard Univ Hosp
2041 Georgia Avenue, Northwest, St

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 ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2010

Transaction ID: A1059D78283C7B14158

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
David Louis Crain

Mailing Address 1700 Ring Rd

City Elizabethtown State KY Zip Code 42701-9497

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

Name of Employer Surgical Specialists PSC 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
07 / 27 / 2010

Transaction ID: D60F365187CB274B0BF

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 12 Knolls Dr

City New Hyde Park State NY Zip Code 11040-1146

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 / D D / Y Y Y Y Y
07 / 14 / 2010

Transaction ID: 554620CAFE145F3E80B

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: PAGE 12 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Dale Patrick Denning

Mailing Address 1130 W 4th St
Ste 2051

City Lawrence State KS Zip Code 66044-1336

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

Name of Employer General Surgery PA Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 07 / 27 / 2010

Transaction ID: C9569C395F7E8698F27

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dale Patrick Denning

Mailing Address 1130 W 4th St
Ste 2051

City Lawrence State KS Zip Code 66044-1336

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

Name of Employer General Surgery PA Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 07 / 27 / 2010

Transaction ID: CFA20A504CF042DF9DB

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Anthony Dominic Dippolito

Mailing Address 201 Drift Ct

City Bethlehem State PA Zip Code 18020-7500

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 ▼ 350.00

Date of Receipt 07 / 27 / 2010

Transaction ID: 16B1171455C8B0CBC9B

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Anthony Dominic Dipolito

Mailing Address 201 Drift Ct

City State Zip Code
Bethlehem PA 18020-7500

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: F33DDDFAFFB7038C944

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Jonathan M. Dort

Mailing Address Carilion Roanoke Memorial Hospital
Medical Education Building - Room

City State Zip Code
Roanoke VA 24014

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

Name of Employer Occupation
Wichita Surgical Specialists Surgeon

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: A6D5DB6D64889F22D15

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

A. Brent Eastman

Mailing Address 4275 Campus Point Ct
CP222

City State Zip Code
San Diego CA 92121-1513

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

Name of Employer Occupation
Scripps Health Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: 9B3E7AAD9A303544A43

Amount of Each Receipt this Period
350.00

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 14 / 40
	<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.	Full Name (Last, First, Middle Initial) Lee D. Eisenberg		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 177 N Dean St		Transaction ID: 8B3779450B832671D93		
	City Englewood	State NJ	Zip Code 07631-2533	Amount of Each Receipt this Period 250.00	
	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			

B.	Full Name (Last, First, Middle Initial) Blaine L. Enderson		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 1924 Alcoa Hwy Ste U-11		Transaction ID: 348024C0D0EB9CDC9C8		
	City Knoxville	State TN	Zip Code 37920-1511	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University General Surgeons	Occupation Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) Francisco J. Espinosa Becerra		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 3 Kingston Dr		Transaction ID: A304035C6AC5DF7C43D		
	City Oak Brook	State IL	Zip Code 60523-1757	Amount of Each Receipt this Period 365.00	
	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 ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	865.00
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 / 40
(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

A. Full Name (Last, First, Middle Initial)
Stephen Austin Fann

Mailing Address 2 Medical Park Rd
Ste 402

City Columbia State SC Zip Code 29203-6839

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

Name of Employer Univ of South Carolina School of Med Occupation Surgeon

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

Date of Receipt 07 / 27 / 2010
Transaction ID: 38AC3FC407342BA495A
Amount of Each Receipt this Period 250.00

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

Mailing Address Division Thor/Cardiovascular Surgeon
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 Lankenau Hospital Occupation Surgeon

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

Date of Receipt 07 / 27 / 2010
Transaction ID: D356D563541683B55C7
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Raymond Joseph Gagliardi

Mailing Address 2308 Abbeywood Rd

City Lexington State KY Zip Code 40515-1257

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

Name of Employer University of Kentucky Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 27 / 2010
Transaction ID: 712DDB44A85577C0AAD
Amount of Each Receipt this Period 350.00

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: PAGE 16 / 40
(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

A. Full Name (Last, First, Middle Initial)
Ross Frederick Goldberg
Mailing Address 212 Island Harbor Cir
City State Zip Code
Ponte Vedra Beach FL 32082-1217
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 ▼ 375.00
Date of Receipt 07 / 16 / 2010
Transaction ID: 591A004B4E62849562B
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Ross Frederick Goldberg
Mailing Address 212 Island Harbor Cir
City State Zip Code
Ponte Vedra Beach FL 32082-1217
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 ▼ 375.00
Date of Receipt 07 / 27 / 2010
Transaction ID: 0072BFC5D7AC458BFA2
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Darla Kae Granger
Mailing Address St. John Hosp and Med Center
Prof Building li Suite 480
City State Zip Code
Detroit MI 48236
FEC ID number of contributing federal political committee. **C**
Name of Employer Harper University Hospital Occupation Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 27 / 2010
Transaction ID: 3551D6208FBE440F20E
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 400.00
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 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Sara L. Hartsaw

Mailing Address 3100 W Lakeway Rd
Ste 1

City State Zip Code
Gillette WY 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 ▼
4600.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: 45AB5DA41418BA77FB6

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Steven Roger Hoebelheinrich

Mailing Address 104 S Binkley St
Ste B

City State Zip Code
Soldotna AK 99669-8006

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
07 / 27 / 2010

Transaction ID: 9407F2F67CF1A492ABC

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ronald Dale Jaecks

Mailing Address 380 Jerris Ave SE

City State Zip Code
Salem OR 97302-5278

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

Name of Employer KAISER PERMENENTE Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: 62CA0281018B3CA4A7E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 18 / 40
(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

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

Mailing Address 108 Brandon Hall Rd

City Columbia State SC Zip Code 29229-9635

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 ▼ 275.00

Date of Receipt: 07 / 11 / 2010
Transaction ID: 1C50E9015CCBF5E1103
 Amount of Each Receipt this Period: 275.00

B. Full Name (Last, First, Middle Initial)
Danielle A. Katz

Mailing Address 6620 Fly Rd Ste 200

City East Syracuse State NY Zip Code 13057-5076

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 ▼ 1750.00

Date of Receipt: 07 / 27 / 2010
Transaction ID: 29F654420671B308D22
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 2040 W Charleston Blvd Ste 601

City Las Vegas State NV Zip Code 89102-2245

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

Name of Employer UNSON Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 27 / 2010
Transaction ID: B3E05DA1BC4CB4EBFD5
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 775.00

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 / 40
	<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.	Full Name (Last, First, Middle Initial) Christian Knecht	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 1110 Lancaster Rd # 3	Transaction ID: 3EBF5388BBF92CF51CE
	City Richmond State KY Zip Code 40475-8792	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Central Kentucky Surgery Occupation 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) Eric A. Laro	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 2054 Southampton Ct SE	Transaction ID: B05886E402EE33A8B54
	City Salem State OR Zip Code 97302-2064	Amount of Each Receipt this Period 250.00
	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	

C.	Full Name (Last, First, Middle Initial) Susan He Lee	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 417 E 57th St Apt 22D	Transaction ID: 4C4D7CDFCACD2A1F063
	City New York State NY Zip Code 10022-3028	Amount of Each Receipt this Period 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) 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: PAGE 20 / 40
(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

A. Full Name (Last, First, Middle Initial)
Eli N. Lerner

Mailing Address 836 Prudential Dr
Baptist Medical Pavilion #1107

City Jacksonville State FL Zip Code 32207-8334

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

Name of Employer North Florida Surgeons Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2010
Transaction ID: 0211F43C8A597166378
Amount of Each Receipt this Period 500.00

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

Mailing Address 3054 SW 92nd St

City Gainesville State FL Zip Code 32608-7933

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 ▼ 600.00

Date of Receipt 07 / 28 / 2010
Transaction ID: BB50B600772A463885E
Amount of Each Receipt this Period 100.00

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

Mailing Address 1200 Gough St
Unit 11E

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 16 / 2010
Transaction ID: 199D1F14A18088806E5
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 40
	<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.

Full Name (Last, First, Middle Initial) John Maa		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 1200 Gough St Unit 11E		Transaction ID: 27B8BA034402542B138
City San Francisco	State Zip Code CA 94109-6620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) John Maa		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 1200 Gough St Unit 11E		Transaction ID: C855EDE9BD24DE660BF
City San Francisco	State Zip Code CA 94109-6620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) Lawrence Ian Mallon		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 1316 Mercy Dr		Transaction ID: A5F6C3BE48593941C80
City Muskegon	State Zip Code MI 49444-1835	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muskege Surgical Assoc	Occupation 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)	▶	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: PAGE 22 / 40
(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

A. Full Name (Last, First, Middle Initial)
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 ▼ 1500.00

Date of Receipt 07 / 27 / 2010
Transaction ID: 23191D80F61F96ACC5C

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Christina Lynn Maser

Mailing Address 371 E Everglade Ave

City Fresno State CA Zip Code 93720-1604

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

Name of Employer Central CA Med Faculty Group Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2010
Transaction ID: 7D12200D7A97614E568

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Clinton Edward Massey

Mailing Address 625 Country Day Rd

City Goldsboro State NC Zip Code 27530-8888

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

Name of Employer Goldsboro Neurological Surgery PA Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2010
Transaction ID: A8249983F717628CB6B

Amount of Each Receipt this Period 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 23 / 40
	<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.	Full Name (Last, First, Middle Initial) David B. McAneny	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address Boston Medical Center Fgh Building, Suite 5008	Transaction ID: 02B83776CCF80BE3A6E
	City Boston State MA Zip Code 02118	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Boston University Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	

B.	Full Name (Last, First, Middle Initial) Stephen Daniel McBride	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 700 Shadow Ln Ste 370	Transaction ID: 52202299029FDBC7072
	City Las Vegas State NV Zip Code 89106-4159	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer General Surgery Associates Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1600.00	

C.	Full Name (Last, First, Middle Initial) Robert Scott McCord	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 817 Princeton Ave SW Ste 306	Transaction ID: E2D2A23075FCCB50385
	City Birmingham State AL Zip Code 35211-1349	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Vascular Assoc at Birmingham Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 365.00	

SUBTOTAL of Receipts This Page (optional)	1565.00
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 / 40
(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

A. Full Name (Last, First, Middle Initial)
Nipun B. Merchant

Mailing Address Vanderbilt University Medical Ctr
597 Preston Research Building

City Nashville State TN Zip Code 37232-0001

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

Name of Employer Vanderbilt University Medical Center 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
0	7	/	0	6	/	2	0	1	0

Transaction ID: 25A5C79B5612DAEBABF

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box Surg
601 Elmwood Avenue

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 ▼
1100.00

Date of Receipt

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

Transaction ID: BC0C89475E382EB0FD3

Amount of Each Receipt this Period
1100.00

C. Full Name (Last, First, Middle Initial)
Juan Jose Nogueras

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

Transaction ID: EB0016A920F26B43225

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 25 / 40
	<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.	Full Name (Last, First, Middle Initial) Michael S. Nussbaum		Date of Receipt
	Mailing Address University of Florida College of Medicine - Jacksonville		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2010
	City Jacksonville	State FL	Zip Code 32209
	FEC ID number of contributing federal political committee. C		Transaction ID: 34DEF324751DFF50097
	Name of Employer University of Cincinnati		Occupation 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) Frank George Opelka		Date of Receipt
	Mailing Address 10104 Gail Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 27 / 2010
	City River Ridge	State LA	Zip Code 70123-1930
	FEC ID number of contributing federal political committee. C		Transaction ID: A6601BB3E74E1A8B3F9
	Name of Employer LA State University		Occupation Surgeon
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2100.00

C.	Full Name (Last, First, Middle Initial) Clifton Lawrence Peay		Date of Receipt
	Mailing Address 8266 Atlee Rd Ste 224		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 27 / 2010
	City Mechanicsville	State VA	Zip Code 23116-1813
	FEC ID number of contributing federal political committee. C		Transaction ID: 7CEA893D022F72418EF
	Name of Employer American Eye Center		Occupation 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)	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 26 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Emily Jane Penman

Mailing Address 4701 Ogletown Stanton Rd
West Entrance Suite 1500

City Newark State DE Zip Code 19713-2055

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 / D D / Y Y Y Y Y
07 / 27 / 2010

Transaction ID: 48204BF99EB7274FBF2

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Yaritza Perez-Soto

Mailing Address 6947 W Juana Dr

City Peoria State AZ Zip Code 85383-6664

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

Name of Employer Banner Health Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2010

Transaction ID: C4CD0DB53B6837AD13D

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
John Theodore Pery, III

Mailing Address PO Box 200128

City Cartersville State GA Zip Code 30120-9003

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

Name of Employer Cartersville Surgical Associates Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: EBBCCB02169BCEAA585

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 40
(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

A. Full Name (Last, First, Middle Initial)
John Theodore Perry, III
Mailing Address PO Box 200128
City Cartersville State GA Zip Code 30120-9003
FEC ID number of contributing federal political committee. **C**
Name of Employer Cartersville Surgical Associates Occupation Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 07 / 26 / 2010
Transaction ID: 349EA092318C6DF2878
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
David Michael Pfeffer
Mailing Address 1100 Sunset Ln Ste 1211A
City Culpeper State VA Zip Code 22701-3375
FEC ID number of contributing federal political committee. **C**
Name of Employer Urological Associates of Piedmont Occupation Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 28 / 2010
Transaction ID: BEE11F8DBD06F3B00AB
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Alan Barth Pillersdorf
Mailing Address 1620 S Congress Ave Ste 100
City Palm Springs State FL Zip Code 33461-2128
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 ▼ 750.00
Date of Receipt 07 / 27 / 2010
Transaction ID: D092175A9C3ADBF50B1
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: PAGE 28 / 40
(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

A. Full Name (Last, First, Middle Initial)
Saurin Rajnikant Popat

Mailing Address 21 Randwood Ln

City Buffalo State NY Zip Code 14216-3507

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

Name of Employer Delaware Medical Assoc Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 27 / 2010
Transaction ID: 6CCFD14F418D4C0AA5E
Amount of Each Receipt this Period 350.00

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

Mailing Address 3665 Teays Valley Rd

City Hurricane State WV Zip Code 25526-9701

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 07 / 14 / 2010
Transaction ID: C84BEA7841429045ACC
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Karen Marie Rieger

Mailing Address 545 Barnhill Dr Eh 215

City Indianapolis State IN Zip Code 46202-5112

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

Name of Employer IUMC Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2010
Transaction ID: D156E0DC390E7F7FBA1
Amount of Each Receipt this Period 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: PAGE 29 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial) Nelson Garrett Rosen		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address Room 158 Pediatric Surgery Schneider Children's Hospital		Transaction ID: 57F7CA080D709DBB978
City New Hyde Park	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NSLIJ - New York	Occupation Surgeon	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) James Rucinski		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address Department of Surgery Ny Methodist Hospital		Transaction ID: 0AD8039C78D93F0AAE8
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ny Methodist Hospital	Occupation Surgeon	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) James Rucinski		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address Department of Surgery Ny Methodist Hospital		Transaction ID: 14132FDF4B31C2550E9
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ny Methodist Hospital	Occupation Surgeon	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 40
(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)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
H. Earle Russell, Jr.

Mailing Address 3 Saint Francis Dr
Ste 490

City Greenville State SC Zip Code 29601-3973

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

Name of Employer St. Francis Health System Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2010
Transaction ID: 19864C89CD15EFCB33C

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
David J. Schoetz, Jr.

Mailing Address Lahey Clinic
41 Mall Road

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Hitchcock Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2010
Transaction ID: D564CC198B98E5740A7

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Steven Michael Schwartz

Mailing Address 3803 S Bascom Ave
Ste 102

City Campbell State CA Zip Code 95008-7317

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

Name of Employer San Jose Cardiac Surgery Group Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 05 / 2010
Transaction ID: 018EBA91221C895116B

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: PAGE 31 / 40
(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)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Timothy Todd Sears

Mailing Address 500 Campus Dr

City Hancock State MI Zip Code 49930-1569

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

Name of Employer Portage Health System Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 27 / 2010
Transaction ID: 5F847DF6391CEA07698
Amount of Each Receipt this Period: 500.00

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

Mailing Address 545 Barnhill Dr
FI 5

City Indianapolis State IN Zip Code 46202-5112

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

Name of Employer Indiana University Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 27 / 2010
Transaction ID: 1BC0D711AB88C2DEEB9
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Christopher Keith Senkowski

Mailing Address 4700 Waters Ave
Aci Surgical Associates

City Savannah State GA Zip Code 31404-6220

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

Name of Employer Savannah Surgical Group Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 27 / 2010
Transaction ID: F24753EB1626DDC6F61
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 40

(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)
American College of Surgeons Professional Association PAC

A.	Full Name (Last, First, Middle Initial) Timothy David Sielaff		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address Virginia Piper Cancer Institute Mr 39602		Transaction ID: 8B4167C47641FEB8CCC		
	City Minneapolis	State MN	Zip Code 55407	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Minnesota Medical School		Occupation 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) Howard M. Snyder, III		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address Children's Hospital of Philadelphia Wood Building, 3rd Floor		Transaction ID: 3DDD593FDED98D89985		
	City Philadelphia	State PA	Zip Code 19104	Amount of Each Receipt this Period 250.00	
	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			

C.	Full Name (Last, First, Middle Initial) Laurel Curtis Soot		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address Westside Surgical Specialists the Oregon Clinic		Transaction ID: DCFEE1F777DC44AFE3		
	City Portland	State OR	Zip Code 97225	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Oregon Clinic		Occupation Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

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: PAGE 33 / 40
(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

A. Full Name (Last, First, Middle Initial)
Dimitrios Stefanidis

Mailing Address 1000 Blythe Blvd
Department of Surgery - Meb 601

City State Zip Code
Charlotte NC 28203-5812

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

Name of Employer Carolinas Medical Center 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
07 / 28 / 2010

Transaction ID: 237A6B8B599347CB88A

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Steven M. Steinberg

Mailing Address 395 W 12th Ave
Ohio State University Room 634

City State Zip Code
Columbus OH 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 ▼ 375.00

Date of Receipt M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: A206017D463E5081693

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ralph William Stewart

Mailing Address 501 S 6th St

City State Zip Code
Vincennes IN 47591-1024

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 M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: 3DF474501518FB3FD52

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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 34 / 40
(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)
American College of Surgeons Professional Association PAC

A.

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

Mailing Address 875 Sheffield Rd

City State Zip Code
Shavertown PA 18708-9557

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 / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: 5B66740302947A92841

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 1801 W 40th Ave Ste 7B

City State Zip Code
Pine Bluff AR 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 ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2010

Transaction ID: 623EB0B8EA608B7DB8B

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Jon Sutton

Mailing Address 1610 Monroe St Apt 1E

City State Zip Code
Evanston IL 60202-2055

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

Name of Employer American College of Surgeons Occupation State Affairs Associate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2010

Transaction ID: C7238563ED67448A8D4

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1215.00**

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 35 / 40
(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)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Carl Alden Sweatman, Jr.

Mailing Address 1850 Laurel St
PO Box 7728

City Columbia State SC Zip Code 29201-2627

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

Name of Employer Surgical Associates of SC Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 07 / 14 / 2010
Transaction ID: A67F81E39D5FCA10232

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Amy E. Tan

Mailing Address Maine Coast Memorial Hospital
Suite 2300

City Ellsworth State ME Zip Code 04605

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 ▼ 350.00

Date of Receipt: 07 / 16 / 2010
Transaction ID: A10FE1BD474FB505E19

Amount of Each Receipt this Period: 50.00

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

Mailing Address PO Box 32861
Carolinas Medical Center

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 ▼ 300.00

Date of Receipt: 07 / 27 / 2010
Transaction ID: 2270024738842919C1C

Amount of Each Receipt this Period: 300.00

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: PAGE 36 / 40

(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)
American College of Surgeons Professional Association PAC

A.	Full Name (Last, First, Middle Initial) Karen Ann Tisinai		Date of Receipt MM / DD / YYYY 07 / 06 / 2010		
	Mailing Address 5670 Bison Ln		Transaction ID: E78A640699BC0326627		
	City Terre Haute	State IN	Zip Code 47802-8172	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AP & S Clinic	Occupation 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) Samual Robert Todd		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 6550 Fannin St Smith Tower 1661		Transaction ID: 7A61D2883FB777FA68F		
	City Houston	State TX	Zip Code 77030-2716	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Methodist Hospital	Occupation Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

C.	Full Name (Last, First, Middle Initial) Michael Truitt		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 10606 Marquis Ln		Transaction ID: 9E350393804E6193E30		
	City Dallas	State TX	Zip Code 75229-5119	Amount of Each Receipt this Period 500.00	
	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			

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 37 / 40
(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

A. Full Name (Last, First, Middle Initial)
Susan Lynn Walker

Mailing Address 6670 Alton Pkwy

City Irvine State CA Zip Code 92618-3734

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

Name of Employer S. Cal. Perm. Med Group Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 28 / 2010
Transaction ID: C4058349324BEA449F7
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Harold Joseph Wanebo

Mailing Address 206 Cass Ave
Landmark Medical Center

City Woonsocket State RI Zip Code 02895-4712

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

Name of Employer Roger Williams Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 27 / 2010
Transaction ID: B9FDE95A4B8D60634C8
 Amount of Each Receipt this Period 750.00

C. Full Name (Last, First, Middle Initial)
Clarence Boyett Watridge

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 Murphy Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 27 / 2010
Transaction ID: 02E6BD476E76DF477A6
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 40

(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)
American College of Surgeons Professional Association PAC

A.	Full Name (Last, First, Middle Initial) Robert M. Whitfield		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 8700 W Watertown Plank Rd		Transaction ID: 0C8A91F4CE7563CE80B
	City Milwaukee	State WI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mitchell L. Willens		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address North Park Medical Plaza Suite 600		Transaction ID: 8F1D6A36EA564B901A4
	City Tyler	State TX	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	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 ▼ 1350.00	

C.	Full Name (Last, First, Middle Initial) David Wilson Wormuth		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 4301 Medical Center Dr Ste 301		Transaction ID: 184339D37EC04F54BA4
	City Fayetteville	State NY	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer CNY Thoracic Surgery		Occupation Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

40600.00

**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 39 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 53582 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Bank fee for using AmEx as contribution source Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VD0ED4762905100E5146 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 667.65 Category/Type 001
B. Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 50 South LaSalle Street City Chicago State IL Zip Code 60675 Purpose of Disbursement Bank fee for using Visa/MC as contribution source Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V475C975D2EA561403F6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 274.93 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

942.58

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

942.58

**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 40 / 40

<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

A.

Full Name (Last, First, Middle Initial)
John Sullivan for Congress Inc

Transaction ID: EDA9986982A8A50EA96

Date of Disbursement

Mailing Address Post Office Box 470840

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

City State Zip Code
Tulsa OK 74147

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2010 General Contribution

011
Category/ Type

Candidate Name
John Sullivan

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OK District: 01

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00
