

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 60 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dr. Douglas Carlon
Full Name (Last, First, Middle Initial)

Mailing Address 10803 S. 26th Avenue

City Phoenix State AZ Zip Code 85041

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

Name of Employer Vascular Surgery Specialists Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2015
Transaction ID : SA11AI.8470

Amount of Each Receipt this Period 500.00

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

Mailing Address 5200 Center Avenue Suite 307

City Pittsburgh State PA Zip Code 15232

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

Name of Employer Shadyside Medical Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2015
Transaction ID : SA11AI.8347

Amount of Each Receipt this Period 1000.00

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

Mailing Address 4860 Y Street Suite 3400

City Sacramento State CA Zip Code 95817

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

Name of Employer UC Davis Vascular Center Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2015
Transaction ID : SA11AI.8420

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 2500.00

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