



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Society for Vascular Surgery Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		89373.20
(b) Cash on Hand at Beginning of Reporting Period.....	72527.54	
(c) Total Receipts (from Line 19) .....	16041.68	68196.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88569.22	157569.22
7. Total Disbursements (from Line 31).....	13000.00	82000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75569.22	75569.22
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Society for Vascular Surgery Political Action Committee

Report Covering the Period: From: 07 / 01 / 2014 To: 09 / 30 / 2014

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).....	13583.34	55064.34
(ii) Unitemized .....	2458.34	13131.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16041.68	68196.02
(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) .....	16041.68	68196.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16041.68	68196.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16041.68	68196.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	82000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13000.00	82000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	82000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16041.68	68196.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16041.68	68196.02
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: PAGE 8 OF 24  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Mathew Eagleton**

Mailing Address 2671 Cranlyn Road

City State Zip Code  
 Shaker Heights OH 44122

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

Name of Employer Occupation  
 The Cleveland Clinic vascular surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 08 / 20 / 2014  
**Transaction ID : SA11AI.7964**

Amount of Each Receipt this Period  
 85.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Bruce Elliott**

Mailing Address 96 Jonathan Lucas St.

City State Zip Code  
 Charleson SC 29425

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

Name of Employer Occupation  
 Medical Univ. of SC Vascular Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 17 / 2014  
**Transaction ID : SA11AI.8002**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark K. Eskandari**

Mailing Address 676 N. St. Clair  
 Suite 650

City State Zip Code  
 Chicago IL 60611

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

Name of Employer Occupation  
 Northwestern University vascular surgeon

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 07 / 2014  
**Transaction ID : SA11AI.7947**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 835.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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. Mark F Fillinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Medical Center Drive

City Lebanon State NH Zip Code 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.8014**

Amount of Each Receipt this Period 1000.00

**B. Dr. Peter Gloviczki**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 First Street SW

City Rochester State MN Zip Code 55905

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

Name of Employer Mayo Clinic Occupation Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 21 / 2014  
**Transaction ID : SA11AI.7902**

Amount of Each Receipt this Period 50.00

**C. Dr. Peter Gloviczki**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 First Street SW

City Rochester State MN Zip Code 55905

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

Name of Employer Mayo Clinic Occupation Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2014  
**Transaction ID : SA11AI.7965**

Amount of Each Receipt this Period 50.00

**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: (check only one)	PAGE 10 OF 24
<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. John Hallett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2014 <b>Transaction ID : SA11AI.7919</b>
Mailing Address 192 Tradd Street		Amount of Each Receipt this Period 1000.00
City Charleston	State SC	Zip Code 29401
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Vascular Care	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Alfred D Harding Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2014 <b>Transaction ID : SA11AI.7971</b>
Mailing Address 3867 Arden Street		Amount of Each Receipt this Period 500.00
City Jacksonville	State FL	Zip Code 32205
FEC ID number of contributing federal political committee. C		
Name of Employer Self- 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	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael Harrington</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 21 / 2014 <b>Transaction ID : SA11AI.7903</b>
Mailing Address 1890 LPGA Blvd Suite 250		Amount of Each Receipt this Period 100.00
City Daytona Beach	State FL	Zip Code 32117
FEC ID number of contributing federal political committee. C		
Name of Employer Surgical Assocs. of Volusia	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> 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 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Michael Harrington**

Mailing Address 1890 LPGA Blvd  
 Suite 250

City State Zip Code  
 Daytona Beach FL 32117

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

Name of Employer Occupation  
 Surgical Assocs. of Volusia Vascular Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.7966**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Christopher Healey**

Mailing Address 887 Congress Street  
 Suite 400

City State Zip Code  
 Portland ME 04102

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

Name of Employer Occupation  
 Maine Surgical Care Group vascular surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7912**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**c. Dr. Christopher Healey**

Mailing Address 887 Congress Street  
 Suite 400

City State Zip Code  
 Portland ME 04102

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

Name of Employer Occupation  
 Maine Surgical Care Group vascular surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.7958**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Kim J. Hodgson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 19638  
 City Springfield State IL Zip Code 62794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIU School of Medicine Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2014  
**Transaction ID : SA11AI.7899**  
 Amount of Each Receipt this Period  
 750.00

**B. Dr. Karl A Illig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1274 Clover Street  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Rochester 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 Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.7913**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Karl A Illig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1274 Clover Street  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Rochester 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 Y Y  
 08 / 20 / 2014  
**Transaction ID : SA11AI.7959**  
 Amount of Each Receipt this Period  
 100.00

**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: PAGE 13 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Brad Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7th Floor USF South  
 City Tampa State FL Zip Code 33306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of South Florida Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014  
**Transaction ID : SA11AI.7932**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Patrick W. Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 W. 18th Street  
 City Sioux Falls State SD Zip Code 57117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanford Clinic Vascular Assocs Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2014  
**Transaction ID : SA11AI.7982**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. John Kirkland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Redmond Road  
 City Rome State GA Zip Code 30165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Harbin Clinic Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.7904**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. John Kirkland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 504 Redmond Road		<b>Transaction ID : SA11AI.7967</b>
City Rome	State GA	Zip Code 30165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Harbin Clinic	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Larry Kraiss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 21 / 2014
Mailing Address 30 N. 1900th		<b>Transaction ID : SA11AI.7905</b>
City Salt Lake City	State UT	Zip Code 84132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Univ. of Utah Medical Center	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Larry Kraiss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 30 N. 1900th		<b>Transaction ID : SA11AI.7968</b>
City Salt Lake City	State UT	Zip Code 84132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Univ. of Utah Medical Center	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> 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 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Sean Lyden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8412 Windsor Way  
 City State Zip Code  
 Broadview Heights OH 44147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cleveland Clinic vascular surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.7914**  
 Amount of Each Receipt this Period  
 85.00

**B. Dr. Sean Lyden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8412 Windsor Way  
 City State Zip Code  
 Broadview Heights OH 44147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cleveland Clinic vascular surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014  
**Transaction ID : SA11AI.7960**  
 Amount of Each Receipt this Period  
 85.00

**C. Dr. William C. Mackey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Washington Street  
 City State Zip Code  
 Boston MA 02111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tufts Medical Center vascular surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.8011**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00  
**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 OF 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Dr. Robert B McLafferty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1034 Williams Blvd  
 City Springfield State IL Zip Code 62704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Illinois University Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2014  
**Transaction ID : SA11AI.7917**  
 Amount of Each Receipt this Period 100.00

**B. Dr. Erica L. Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3181 SW Sam Jackson Park Rd.  
 City Portland State OR Zip Code 97239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OHSU, Div. of Vascular Surgery Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : SA11AI.7920**  
 Amount of Each Receipt this Period 500.00

**C. Dr. Frank Pomposelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Francis Street  
 City Boston State MA Zip Code 02215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beth-Israel Deaconess Med. Ctr Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 21 / 2014  
**Transaction ID : SA11AI.7908**  
 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 18 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Jeffrey Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Deland Park  
 City Fairport State WY Zip Code 14450  
 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  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.7918**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Michael A. Ricci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Main Street  
 City Lewiston State ME Zip Code 04240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Maine Health and Vas Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014  
**Transaction ID : SA11AI.7973**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Sean Roddy**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2014  
**Transaction ID : SA11AI.7898**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Charles B Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1161 22nd Ave., South  
 Suite D-5237  
 City Nashville State TN Zip Code 37232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Univ. Med. Ctr Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 25 / 2014**  
**Transaction ID : SA11AI.7981**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Ulka Sachdev**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Lothrop Street  
 Suite A1011  
 City Pittsburgh State PA Zip Code 15213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPMC Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 30 / 2014**  
**Transaction ID : SA11AI.7937**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Christopher John Smolock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9500 Euclid Ave  
 City Cleveland State OH Zip Code 44195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cleveland Clinic Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.02**

Date of Receipt **08 / 20 / 2014**  
**Transaction ID : SA11AI.7962**  
 Amount of Each Receipt this Period **83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>583.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<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. Sunita D Srivastava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2671 Cranlyn Road  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cleveland Clinic Occupation Vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.7907**  
 Amount of Each Receipt this Period  
 85.00

**B. Dr. Sunita D Srivastava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2671 Cranlyn Road  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cleveland Clinic Occupation Vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014  
**Transaction ID : SA11AI.7970**  
 Amount of Each Receipt this Period  
 85.00

**C. Dr. Jean E. Starr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 376 W. 10th Ave  
 City Columbus State OH Zip Code 43210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio State Univ. Occupation vascular 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  
 09 / 10 / 2014  
**Transaction ID : SA11AI.8000**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 670.00  
**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 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Bauer E. Sumpio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 Cedar Street  
 City New Haven State CT Zip Code 06510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale-New Haven Medical Center Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 08 / 20 / 2014  
**Transaction ID : SA11AI.7963**  
 Amount of Each Receipt this Period 85.00

**B. Dr. Stephens D. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2640 North Tamarack Drive  
 City Midland State MI Zip Code 48642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Regional Heart & Vascular Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2014  
**Transaction ID : SA11AI.7976**  
 Amount of Each Receipt this Period 500.00

**C. Dr. Wayne W. Zhang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Kings Hwy. Suite B  
 City Shreveport State LA Zip Code 71103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LSU Health Center Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2014  
**Transaction ID : SA11AI.7945**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1085.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13583.34

**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**

Full Name (Last, First, Middle Initial)

**A. RONALD BARBER**

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

**Transaction ID : SB23.7994**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Ami BERA FOR CONGRESS**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2014

**Transaction ID : SB23.7988**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Larry BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2014

**Transaction ID : SB23.7995**

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2014

**Transaction ID : SB23.7996**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. ANDREW P HARRIS**

Mailing Address PO BOX 604

City State Zip Code  
BEL AIR MD 21014

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2014

**Transaction ID : SB23.7991**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Eric SWALWELL FOR CONGRESS**

Mailing Address P.O. BOX 2847

City State Zip Code  
DUBLIN CA 94568

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : SB23.8016**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**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**

Full Name (Last, First, Middle Initial)

**A. MARK TAKANO**

Mailing Address PO BOX 5214

City RIVERSIDE State CA Zip Code 92517

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 41

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2014

**Transaction ID : SB23.7989**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE MR. THOMPSON**

Mailing Address P O Box 1998

City St. Helena State CA Zip Code 94574

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2014

**Transaction ID : SB23.7987**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. PAUL DAVID TONKO**

Mailing Address 911 CENTRAL AVENUE #221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

**Transaction ID : SB23.7992**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

13000.00
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