

**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="2013"/>	<input type="text" value=""/>	<input type="text" value="102658.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73278.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50094.99"/>	<input type="text" value="96214.97"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="123373.20"/>	<input type="text" value="198873.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34000.00"/>	<input type="text" value="109500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89373.20"/>	<input type="text" value="89373.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / 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).....	47029.99	84429.97
(ii) Unitemized	3065.00	11785.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50094.99	96214.97
(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)	50094.99	96214.97
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))..... ▶	50094.99	96214.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50094.99	96214.97

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.....	34000.00	109500.00
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)) ..	34000.00	109500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34000.00	109500.00

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)	50094.99	96214.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50094.99	96214.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Mark A Adelman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2013
Mailing Address 530 1st Ave Suite 6F		Transaction ID : SA11AI.7509
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NYU Vascular Assocs	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. Dr. Jose I Almeida		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2013
Mailing Address 1501 S. Miami Ave.		Transaction ID : SA11AI.7360
City Miami	State FL	Zip Code 33129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Miami Vein Clinic	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Brett A Almond		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013
Mailing Address 901 31st Terr NE		Transaction ID : SA11AI.7494
City St. Petersburg	State FL	Zip Code 33704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Private Practice	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 7 OF 55
(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. Grady D. Alsabrook
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Morningside Drive
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed, Private Practic 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
 10 / 22 / 2013
Transaction ID : SA11AI.7422
 Amount of Each Receipt this Period
 500.00

B. Dr. Richard C Arnsperger
 Full Name (Last, First, Middle Initial)
 Mailing Address 7420 Switzer
 City Shawnee State KS Zip Code 66203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vascular Surgery Association 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
 12 / 02 / 2013
Transaction ID : SA11AI.7464
 Amount of Each Receipt this Period
 1000.00

C. Dr. Michael Beezley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7420 Switzer
 City Shawnee State KS Zip Code 66203
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : SA11AI.7465
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<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) A. Dr. Todd Berland		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2013 Transaction ID : SA11AI.7510
Mailing Address 530 1st Ave Suite 6F		Amount of Each Receipt this Period 500.00
City New York	State Zip Code NY 10016	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer NYU Vascular Assocs	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Irwin M. Best		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2013 Transaction ID : SA11AI.7326
Mailing Address 1364 Clifton Road, NE		Amount of Each Receipt this Period 300.00
City Atlanta	State Zip Code GA 30322	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer Emory Univ. Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Irwin M. Best		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.7399
Mailing Address 1364 Clifton Road, NE		Amount of Each Receipt this Period 200.00
City Atlanta	State Zip Code GA 30322	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 800.00
Name of Employer Emory Univ. Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 9 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) A. Dr. James H. Black		Date of Receipt MM / DD / YYYY 07 / 23 / 2013 Transaction ID : SA11AI.7333
Mailing Address 600 N. Wolfe Street Harvey 611		Amount of Each Receipt this Period 250.00
City Baltimore	State MD	Zip Code 21287
FEC ID number of contributing federal political committee. C	Name of Employer John Hopkins Hospital	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. Dr. James H. Black		Date of Receipt MM / DD / YYYY 10 / 22 / 2013 Transaction ID : SA11AI.7431
Mailing Address 600 N. Wolfe Street Harvey 611		Amount of Each Receipt this Period 250.00
City Baltimore	State MD	Zip Code 21287
FEC ID number of contributing federal political committee. C	Name of Employer John Hopkins Hospital	Occupation vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul Bloch		Date of Receipt MM / DD / YYYY 12 / 23 / 2013 Transaction ID : SA11AI.7505
Mailing Address 84 Goudy Street		Amount of Each Receipt this Period 500.00
City Portland	State ME	Zip Code 04102
FEC ID number of contributing federal political committee. C	Name of Employer Maine Surgical Care Group	Occupation vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 10 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Philip L. Cacioppo
Full Name (Last, First, Middle Initial)

Mailing Address 800 Biesterfeld Road
Suite 202

City Elk Grove Village State IL Zip Code 60007

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 ▼ 1000.00

Date of Receipt 09 / 27 / 2013
Transaction ID : SA11AI.7396

Amount of Each Receipt this Period 1000.00

B. Dr. Richard Cambria
Full Name (Last, First, Middle Initial)

Mailing Address 15 Parkman Street

City Boston State MA Zip Code 02114

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

Name of Employer Mass General Hospital Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 23 / 2013
Transaction ID : SA11AI.7327

Amount of Each Receipt this Period 50.00

C. Dr. Richard Cambria
Full Name (Last, First, Middle Initial)

Mailing Address 15 Parkman Street

City Boston State MA Zip Code 02114

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

Name of Employer Mass General Hospital Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 20 / 2013
Transaction ID : SA11AI.7350

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 11 OF 55
<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) A. Dr. Richard Cambria		Date of Receipt MM / DD / YYYY 09 / 19 / 2013 Transaction ID : SA11AI.7380
Mailing Address 15 Parkman Street		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. C		
Name of Employer Mass General Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard Cambria		Date of Receipt MM / DD / YYYY 10 / 22 / 2013 Transaction ID : SA11AI.7429
Mailing Address 15 Parkman Street		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. C		
Name of Employer Mass General Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) c. Dr. Neal S Cayne		Date of Receipt MM / DD / YYYY 12 / 24 / 2013 Transaction ID : SA11AI.7511
Mailing Address 530 1st Ave Suite 6F		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		
Name of Employer NYU Vascular Assoc	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 12 OF 55
<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) A. Dr. Elliot Chaikof		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2013 Transaction ID : SA11AI.7439
Mailing Address 101 Woodruff Circle suite 5105		Amount of Each Receipt this Period 100.00
City Atlanta State GA Zip Code 30322	FEC ID number of contributing federal political committee. C	
Name of Employer Emory School of Med. 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. Dr. Benjamin B Chang		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2013 Transaction ID : SA11AI.7477
Mailing Address 43 New Scotland Ave Suite MC 157		Amount of Each Receipt this Period 1000.00
City Albany State NY Zip Code 12208	FEC ID number of contributing federal political committee. C	
Name of Employer The Vascular Group 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) c. Dr. Jenny G Cho		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2013 Transaction ID : SA11AI.7462
Mailing Address 11632 South Carriage Road		Amount of Each Receipt this Period 1000.00
City Olathe State KS Zip Code 66062	FEC ID number of contributing federal political committee. C	
Name of Employer Vascular Surgery Association Occupation vascular surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	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: (check only one)	PAGE 13 OF 55
	<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) A. Dr. Joseph A. Coatti		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2013
Mailing Address 400 Saybrook Road Suite 110		Transaction ID : SA11AI.7343
City Middletown	State CT	Zip Code 06457
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Shoreline Surgical Assocs.	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul S. Collins		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2013
Mailing Address 960 7th Ave North		Transaction ID : SA11AI.7489
City St. Petersburg	State FL	Zip Code 33705
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel P Connelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2013
Mailing Address 12217 Washington Court		Transaction ID : SA11AI.7466
City Kansas City	State MO	Zip Code 64145
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Vascular Surgery Association	Occupation vascular surgery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 14 OF 55
	<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. Nishan Dadian
Full Name (Last, First, Middle Initial)

Mailing Address 21 Garrison Road

City Queensbury State NY Zip Code 12804

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

Name of Employer The Vascular Group, PPLC Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2013
Transaction ID : SA11AI.7480

Amount of Each Receipt this Period
 1000.00

B. Carlo Dall'Olmo
Full Name (Last, First, Middle Initial)

Mailing Address 5020 W. Bristol Road

City Flint State MI Zip Code 48507

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

Name of Employer Michigan Vascular Center Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013
Transaction ID : SA11AI.7334

Amount of Each Receipt this Period
 50.00

C. Carlo Dall'Olmo
Full Name (Last, First, Middle Initial)

Mailing Address 5020 W. Bristol Road

City Flint State MI Zip Code 48507

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

Name of Employer Michigan Vascular Center Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2013
Transaction ID : SA11AI.7356

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: PAGE 15 OF 55
(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. Carlo Dall'Olmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 W. Bristol Road
 City Flint State MI Zip Code 48507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Vascular Center Occupation Vascular Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 19 / 2013
Transaction ID : SA11AI.7387
 Amount of Each Receipt this Period 50.00

B. Carlo Dall'Olmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 W. Bristol Road
 City Flint State MI Zip Code 48507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Vascular Center Occupation Vascular Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2013
Transaction ID : SA11AI.7432
 Amount of Each Receipt this Period 50.00

C. Dr. Ronald Dalman
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 Cervantes Road
 City Portola Valley State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanford University Med Ctr Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2013
Transaction ID : SA11AI.7481
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 16 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) A. David Deaton		Date of Receipt MM / DD / YYYY 07 / 23 / 2013 Transaction ID : SA11AI.7328
Mailing Address 1593 Piscataway Road		Amount of Each Receipt this Period 250.00
City Crownsville	State MD	Zip Code 21032
FEC ID number of contributing federal political committee. C		
Name of Employer Private Practice	Occupation Vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. David Deaton		Date of Receipt MM / DD / YYYY 10 / 22 / 2013 Transaction ID : SA11AI.7423
Mailing Address 1593 Piscataway Road		Amount of Each Receipt this Period 250.00
City Crownsville	State MD	Zip Code 21032
FEC ID number of contributing federal political committee. C		
Name of Employer Private Practice	Occupation Vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Darwin Eton		Date of Receipt MM / DD / YYYY 12 / 12 / 2013 Transaction ID : SA11AI.7482
Mailing Address 4646 N. Marine Drive		Amount of Each Receipt this Period 250.00
City chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. C		
Name of Employer Vascular Inst. of Chicago	Occupation vascular 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).....▶	750.00
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 55
(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. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : SA11AI.7430
 Amount of Each Receipt this Period
 50.00

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
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : SA11AI.7454
 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
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : SA11AI.7496
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Dr. Kenneth A Goldstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 E. Tremont Ave.
 City Bronx State NY Zip Code 10461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Medical Center Occupation 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
 12 / 11 / 2013
Transaction ID : SA11AI.7478
 Amount of Each Receipt this Period
 250.00

B. Dr. Daniel Gorin
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Camp Street
 City Hyannis State MA Zip Code 02601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Surgical Assoc. Occupation Vascular Surgery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : SA11AI.7371
 Amount of Each Receipt this Period
 1000.00

C. Dr. Michael S. Greer
 Full Name (Last, First, Middle Initial)
 Mailing Address 979 East Third Street Suite 401
 City Chattanooga State TN Zip Code 37403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. Surgical Assocs Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.7362
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55
	<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) A. Dr. Gary Alan Gwertzman		Date of Receipt
Mailing Address 128 Bergen Street		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Brooklyn	NY	11201
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7393
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
private practice	vascular surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kirk Hance		Date of Receipt
Mailing Address 3524 W. 97th Place		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Leawood	KS	66206
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7467
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Private Practice Physician	Vascular Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Harrington		Date of Receipt
Mailing Address 1890 LPGA Blvd Suite 250		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Daytona Beach	FL	32117
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7329
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Surgical Assocs. of Volusia	Vascular Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 55
<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) A. Dr. Michael Harrington		Date of Receipt MM / DD / YYYY 08 / 20 / 2013 Transaction ID : SA11AI.7351
Mailing Address 1890 LPGA Blvd Suite 250		Amount of Each Receipt this Period 100.00
City Daytona Beach	State Zip Code FL 32117	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 800.00
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) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Harrington		Date of Receipt MM / DD / YYYY 09 / 19 / 2013 Transaction ID : SA11AI.7381
Mailing Address 1890 LPGA Blvd Suite 250		Amount of Each Receipt this Period 100.00
City Daytona Beach	State Zip Code FL 32117	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00
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) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Harrington		Date of Receipt MM / DD / YYYY 10 / 22 / 2013 Transaction ID : SA11AI.7424
Mailing Address 1890 LPGA Blvd Suite 250		Amount of Each Receipt this Period 100.00
City Daytona Beach	State Zip Code FL 32117	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
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) ▼		

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<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) A. Dr. Michael Harrington		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : SA11AI.7455
Mailing Address 1890 LPGA Blvd Suite 250		Amount of Each Receipt this Period 100.00
City Daytona Beach	State Zip Code FL 32117	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1100.00
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) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Harrington		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7497
Mailing Address 1890 LPGA Blvd Suite 250		Amount of Each Receipt this Period 100.00
City Daytona Beach	State Zip Code FL 32117	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00
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) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph P Hart		Date of Receipt M M / D D / Y Y Y Y Y 12 / 25 / 2013 Transaction ID : SA11AI.7522
Mailing Address 498 Albemarle Road # 402		Amount of Each Receipt this Period 250.00
City Charleston	State Zip Code SC 29407	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Medical Univ. of So Carolina	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 22 OF 55
	<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. Allen Hartsell
Full Name (Last, First, Middle Initial)

Mailing Address 3202 Ivory Creek

City San Antonio State TX Zip Code 78258

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

Name of Employer Peripheral Vascular Assocs. Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2013

Transaction ID : SA11AI.7342

Amount of Each Receipt this Period
 1000.00

B. Dr. Robert E Hawkins
Full Name (Last, First, Middle Initial)

Mailing Address 887 Congress Street Suite 400

City Portland State ME Zip Code 04102

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

Name of Employer The Maine Surgical Care Group 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
 12 / 10 / 2013

Transaction ID : SA11AI.7470

Amount of Each Receipt this Period
 500.00

C. Dr. William E Herbert
Full Name (Last, First, Middle Initial)

Mailing Address 27 Murray Drive

City Cape Elizabeth State ME Zip Code 04107

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

Name of Employer Maine Surgical Care Partners Occupation 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
 12 / 30 / 2013

Transaction ID : SA11AI.7524

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: (check only one)	PAGE 23 OF 55
	<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. John R. Hoch
Full Name (Last, First, Middle Initial)

Mailing Address 600 Highland Ave, Room G5/321

City Madison State WI Zip Code 53792

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

Name of Employer Univ. Hospitals and Clinics Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 06 / 2013
Transaction ID : SA11AI.7364

Amount of Each Receipt this Period
500.00

B. Dr. Stephen J. Hoenig
Full Name (Last, First, Middle Initial)

Mailing Address John Cumming Bldg., #770
131 Ornac

City Concord State MA Zip Code 01742

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

Name of Employer Emerson Hospital Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
10 / 15 / 2013
Transaction ID : SA11AI.7416

Amount of Each Receipt this Period
1000.00

C. Dr. Glenn R Jacobowitz
Full Name (Last, First, Middle Initial)

Mailing Address 530 1st Ave
suite 6F

City New York State NY Zip Code 10016

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

Name of Employer NYU Vascular Assocs Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
12 / 24 / 2013
Transaction ID : SA11AI.7512

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
	<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. Jens Jorgensen
Full Name (Last, First, Middle Initial)

Mailing Address 887 Congress Street
Suite 400

City Portland State ME Zip Code 04102

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

Name of Employer Maine Surgical Care Group Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 23 / 2013
Transaction ID : SA11AI.7507

Amount of Each Receipt this Period
1000.00

B. Dr. Lowell S Kabnick
Full Name (Last, First, Middle Initial)

Mailing Address 530 1st Ave
Suite 6F

City New York State NY Zip Code 10016

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

Name of Employer NYU Vascular Assocs Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 24 / 2013
Transaction ID : SA11AI.7513

Amount of Each Receipt this Period
500.00

C. Dr. Steven G. Katz
Full Name (Last, First, Middle Initial)

Mailing Address 625 South Fair Oaks Ave.
Suite 400

City Pasadena State CA Zip Code 91105

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

Name of Employer USC Center for Vascular Care Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 12 / 2013
Transaction ID : SA11AI.7484

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: (check only one)	PAGE 25 OF 55
	<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) A. Dr. John R. Kingsley		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.7445
Mailing Address 700 Montgomery Hwy Suite 210		Amount of Each Receipt this Period 1000.00
City Vestavia	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C	Name of Employer Alabama Vascular & Vein Ctr	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. Dr. Larry Kraiss		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2013 Transaction ID : SA11AI.7425
Mailing Address 30 N. 1900th		Amount of Each Receipt this Period 85.00
City Salt Lake City	State UT	Zip Code 84132
FEC ID number of contributing federal political committee. C	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 ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Dr. Larry Kraiss		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2013 Transaction ID : SA11AI.7456
Mailing Address 30 N. 1900th		Amount of Each Receipt this Period 85.00
City Salt Lake City	State UT	Zip Code 84132
FEC ID number of contributing federal political committee. C	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 ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
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 26 OF 55
	<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) A. Dr. Larry Kraiss		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2013
Mailing Address 30 N. 1900th		Transaction ID : SA11AI.7498
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul B Kreienberg		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2013
Mailing Address 43 New Scotland Ave MC-157		Transaction ID : SA11AI.7411
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer The Vascular Group, PLLC	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Timothy Kresowik		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2013
Mailing Address 433 Galway Drive		Transaction ID : SA11AI.7336
City Iowa City	State IA	Zip Code 52246
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer University of Iowa	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1235.00
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 27 OF 55
	<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. Timothy Kresowik
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 Galway Drive
 City Iowa City State IA Zip Code 52246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Occupation Vascular Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 22 / 2013**
Transaction ID : SA11AI.7434
 Amount of Each Receipt this Period **150.00**

B. Dr. Patrick J. Lamparello
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 First Street Suite 6F
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Langone Medical Center Occupation vascular surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 24 / 2013**
Transaction ID : SA11AI.7514
 Amount of Each Receipt this Period **500.00**

C. Dr. Gregory J Landry
 Full Name (Last, First, Middle Initial)
 Mailing Address 3181 SW Sam Jackson Park Road
 City Portland State OR Zip Code 97239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Occupation vascular surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 11 / 2013**
Transaction ID : SA11AI.7473
 Amount of Each Receipt this Period **250.00**

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: (check only one)	PAGE 28 OF 55
	<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. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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 ▼ **700.00**

Date of Receipt **07 / 10 / 2013**

Transaction ID : SA11AI.7325

Amount of Each Receipt this Period **100.00**

B. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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 ▼ **800.00**

Date of Receipt **08 / 07 / 2013**

Transaction ID : SA11AI.7346

Amount of Each Receipt this Period **100.00**

C. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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 ▼ **900.00**

Date of Receipt **09 / 09 / 2013**

Transaction ID : SA11AI.7370

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 55
	<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. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA11AI.7420

Amount of Each Receipt this Period
100.00

B. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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 ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA11AI.7449

Amount of Each Receipt this Period
100.00

C. Dr. Peter F. Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 10380 Wilshire Blvd.
Apt. 1501

City Los Angeles State CA Zip Code 90024

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.7468

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55
	<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) A. Dr. Gregg L Londrey		Date of Receipt
Mailing Address 9 Huntley Road		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7373
Name of Employer	Occupation	Amount of Each Receipt this Period
Virginia Surgical Associates	vascular surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Michael Makaroun		Date of Receipt
Mailing Address 3110 MacCorkle Ave.		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pittsburgh	PA	15213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7421
Name of Employer	Occupation	Amount of Each Receipt this Period
Univ. of Pittsburgh	vascular surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Thomas Maldonado		Date of Receipt
Mailing Address 530 1st Ave Suite 6F		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10016
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7515
Name of Employer	Occupation	Amount of Each Receipt this Period
NYU Vascular Assocs.	vascular surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 31 OF 55
	<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) A. Dr. Lawrence L. Mallon		Date of Receipt
Mailing Address 1316 Mercy Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Muskegon	MI	49444
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7453
Name of Employer	Occupation	Amount of Each Receipt this Period
Muskegon Surgical Assocs.	vascular surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Ashraf M Mansour		Date of Receipt
Mailing Address P.O. Box 312		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ada	MI	49301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7499
Name of Employer	Occupation	Amount of Each Receipt this Period
Spectrum Health	vascular surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Martinez		Date of Receipt
Mailing Address 125 Stanford		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7330
Name of Employer	Occupation	Amount of Each Receipt this Period
Peripheal Vascular Assocs	Vascular surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 32 OF 55
	<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) A. Dr. Jeffrey Martinez		Date of Receipt MM / DD / YYYY 08 / 20 / 2013 Transaction ID : SA11AI.7353
Mailing Address 125 Stanford		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. C	Name of Employer Peripheal Vascular Assocs	Occupation Vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Martinez		Date of Receipt MM / DD / YYYY 09 / 19 / 2013 Transaction ID : SA11AI.7383
Mailing Address 125 Stanford		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. C	Name of Employer Peripheal Vascular Assocs	Occupation Vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Martinez		Date of Receipt MM / DD / YYYY 10 / 22 / 2013 Transaction ID : SA11AI.7426
Mailing Address 125 Stanford		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. C	Name of Employer Peripheal Vascular Assocs	Occupation Vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 55
<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) A. Dr. Jeffrey Martinez		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : SA11AI.7457
Mailing Address 125 Stanford		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. C	Name of Employer Peripheal Vascular Assocs	Occupation Vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert B McLafferty		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2013 Transaction ID : SA11AI.7435
Mailing Address 1034 Williams Blvd		Amount of Each Receipt this Period 100.00
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: <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) C. Dr. Manish Mehta		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 Transaction ID : SA11AI.7492
Mailing Address 506 Route 67		Amount of Each Receipt this Period 1000.00
City Mechaniville	State NY	Zip Code 12118
FEC ID number of contributing federal political committee. C	Name of Employer The Vascular Group	Occupation vascular surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 34 OF 55
	<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. Phillip S. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 2827 Lyndhurst Ave.
 Suite 203
 City Winston-Salem State NC Zip Code 27103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salem vascular specialists Occupation 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 / 2013
Transaction ID : SA11AI.7403
 Amount of Each Receipt this Period
 250.00

B. Dr. Stephen J. Motew
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 Lyndhurst Ave.
 City Winston-Salem State NC Zip Code 27103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salem Vascular Specialists 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 / 30 / 2013
Transaction ID : SA11AI.7404
 Amount of Each Receipt this Period
 500.00

C. Dr. Firas F Mussa
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 1st Ave
 Suite 6F
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Vascular Assocs Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2013
Transaction ID : SA11AI.7516
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 35 OF 55
	<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. Richard F Neville
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Reservoir Road
4 PHC

City Washington State DC Zip Code 20007

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

Name of Employer Georgetown Univ. Hospital Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 23 / 2013
Transaction ID : SA11AI.7337

Amount of Each Receipt this Period
100.00

B. Richard F Neville
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Reservoir Road
4 PHC

City Washington State DC Zip Code 20007

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

Name of Employer Georgetown Univ. Hospital Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 22 / 2013
Transaction ID : SA11AI.7436

Amount of Each Receipt this Period
100.00

C. Dr. Kathleen Ozsvath
Full Name (Last, First, Middle Initial)

Mailing Address 9 Klassen Way

City Loudonville State NY Zip Code 12211

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

Name of Employer The Vascular Group Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 04 / 2013
Transaction ID : SA11AI.7446

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 OF 55
(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. Philip Paty
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Birkdale Court
 City Slingerlands State NY Zip Code 12159
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : SA11AI.7395
 Amount of Each Receipt this Period
 1000.00

B. Dr. Ralph Pfeiffer Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 171 Mobile Infirmary Blvd
 City Mobile State AL Zip Code 36607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vascular Specialists of Mobile Occupation vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2013
Transaction ID : SA11AI.7419
 Amount of Each Receipt this Period
 1000.00

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013
Transaction ID : SA11AI.7331
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 55
(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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : SA11AI.7427
 Amount of Each Receipt this Period
 250.00

B. Dr. Richard Powell
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013
Transaction ID : SA11AI.7472
 Amount of Each Receipt this Period
 250.00

C. Dr. Peter N Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 Mulberry Street
 City Lenoir State NC Zip Code 28645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizon Surgical Specialists Occupation 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 / 17 / 2013
Transaction ID : SA11AI.7376
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 38 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Geoffrey L Risley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Lake Shore Blvd
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 07 / 24 / 2013
Transaction ID : SA11AI.7340
 Amount of Each Receipt this Period 208.33

B. Dr. Geoffrey L Risley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Lake Shore Blvd
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 08 / 20 / 2013
Transaction ID : SA11AI.7354
 Amount of Each Receipt this Period 208.33

C. Dr. Geoffrey L Risley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Lake Shore Blvd
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 09 / 19 / 2013
Transaction ID : SA11AI.7384
 Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional).....▶	624.99
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 39 OF 55
	<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) A. Dr. Caron B Rockman		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2013 Transaction ID : SA11AI.7518
Mailing Address 530 1st Ave Suite 6F		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		
Name of Employer NYU Vascular Assocs	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. Dr. Delmar Michael Rogers		Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.7447
Mailing Address 1825 Martha Berry Blvd		Amount of Each Receipt this Period 250.00
City Rome	State GA	Zip Code 30165
FEC ID number of contributing federal political committee. C		
Name of Employer Harbin Clinic	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Mikel Sadek		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2013 Transaction ID : SA11AI.7519
Mailing Address 435 E. 70th Street Suite 14L		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		
Name of Employer NYU School of Medicine	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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: (check only one)	PAGE 40 OF 55
	<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) A. Dr. Stephanie Saltzberg		Date of Receipt
Mailing Address 43 New Scotland Ave Suite MC 157		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7385
Name of Employer The Vascular Group	Occupation vascular surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Joseph R. Schneider		Date of Receipt
Mailing Address 25 North Winfield Road		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Winfield	State IL	Zip Code 60190
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7332
Name of Employer Central Dupage Hospital	Occupation vascular surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Joseph R. Schneider		Date of Receipt
Mailing Address 25 North Winfield Road		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Winfield	State IL	Zip Code 60190
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7355
Name of Employer Central Dupage Hospital	Occupation vascular surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 41 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Joseph R. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 25 North Winfield Road

City Winfield State IL Zip Code 60190

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

Name of Employer Central Dupage Hospital Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013

Transaction ID : SA11AI.7386

Amount of Each Receipt this Period
100.00

B. Dr. Joseph R. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 25 North Winfield Road

City Winfield State IL Zip Code 60190

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

Name of Employer Central Dupage Hospital Occupation 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
10 / 22 / 2013

Transaction ID : SA11AI.7428

Amount of Each Receipt this Period
100.00

C. Dr. Joseph R. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 25 North Winfield Road

City Winfield State IL Zip Code 60190

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

Name of Employer Central Dupage Hospital Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2013

Transaction ID : SA11AI.7458

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Joseph R. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 25 North Winfield Road

City Winfield State IL Zip Code 60190

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

Name of Employer Central Dupage Hospital Occupation vascular surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.7500

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 9200 W. Wisconsin

City Milwaukee State WI Zip Code 53326

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

Name of Employer Medical College of Wisconsin Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period
 1000.00

C. Dr. Matthew J. Sideman
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Floyd Curl Drive

City San Antonio State TX Zip Code 78229

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

Name of Employer UTHSCSA Occupation Vascular Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA11AI.7450

Amount of Each Receipt this Period
 1000.00

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 43 OF 55
(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 State Zip Code
 New Haven CT 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Yale-New Haven Medical Center vascular surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013
Transaction ID : SA11AI.7339
 Amount of Each Receipt this Period
 100.00

B. Dr. Bauer E. Sumpio
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Cedar Street
 City State Zip Code
 New Haven CT 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Yale-New Haven Medical Center 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 / 2013
Transaction ID : SA11AI.7358
 Amount of Each Receipt this Period
 100.00

C. Dr. Bauer E. Sumpio
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Cedar Street
 City State Zip Code
 New Haven CT 06510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Yale-New Haven Medical Center vascular surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : SA11AI.7391
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 55
	<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) A. Dr. Bauer E. Sumpio		Date of Receipt
Mailing Address 333 Cedar Street		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
New Haven	CT	06510
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7438
Name of Employer	Occupation	Amount of Each Receipt this Period
Yale-New Haven Medical Center	vascular surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Bauer E. Sumpio		Date of Receipt
Mailing Address 333 Cedar Street		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
New Haven	CT	06510
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7460
Name of Employer	Occupation	Amount of Each Receipt this Period
Yale-New Haven Medical Center	vascular surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Bauer E. Sumpio		Date of Receipt
Mailing Address 333 Cedar Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
New Haven	CT	06510
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7504
Name of Employer	Occupation	Amount of Each Receipt this Period
Yale-New Haven Medical Center	vascular surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 45 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. John B Taggart
Full Name (Last, First, Middle Initial)

Mailing Address 62 Timberwick Drive

City Clifton Park State NY Zip Code 12065

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
11 / 26 / 2013
Transaction ID : SA11AI.7461

Amount of Each Receipt this Period
1000.00

B. Dr. Gary A Tannenbaum
Full Name (Last, First, Middle Initial)

Mailing Address 984 N. Broadway Suite 501

City Yonkers State NY Zip Code 10701

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

Name of Employer Westchester Surgical Assocs. Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 06 / 2013
Transaction ID : SA11AI.7366

Amount of Each Receipt this Period
250.00

C. Dr. Margaret C. Tracci
Full Name (Last, First, Middle Initial)

Mailing Address 6150 Faber Road

City Faber State VA Zip Code 22938

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

Name of Employer Univ. of Virginia Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 06 / 2013
Transaction ID : SA11AI.7345

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: (check only one)	PAGE 46 OF 55
	<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. Michael A. Vasquez

Full Name (Last, First, Middle Initial)
Mailing Address 415 Tremont Street

City North Tonawanda State NY Zip Code 14120

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

Name of Employer Self-Employed, Private Practic Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 03 / 2013
Transaction ID : SA11AI.7413

Amount of Each Receipt this Period
500.00

B. Dr. Frank J Veith

Full Name (Last, First, Middle Initial)
Mailing Address 530 1st Ave Suite 6F

City New York State NY Zip Code 10016

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

Name of Employer NYU Vascular Assocs Occupation vascular surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
12 / 24 / 2013
Transaction ID : SA11AI.7521

Amount of Each Receipt this Period
500.00

C. Dr. Daniel Walsh

Full Name (Last, First, Middle Initial)
Mailing Address One Medical Center Dr

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 ▼ 500.00

Date of Receipt
12 / 16 / 2013
Transaction ID : SA11AI.7493

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: (check only one)	PAGE 47 OF 55
	<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	<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) A. Dr. Michael T Watkins		Date of Receipt MM / DD / YYYY 09 / 17 / 2013 Transaction ID : SA11AI.7378
Mailing Address 15 Parkman Street Suite 440		Amount of Each Receipt this Period 500.00
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. C	Name of Employer Mass General Hospitals	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. Dr. Fred Weaver		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 Transaction ID : SA11AI.7359
Mailing Address 1510 San Pardo		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90033
FEC ID number of contributing federal political committee. C	Name of Employer USC	Occupation Vascular Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Fred Weaver		Date of Receipt MM / DD / YYYY 12 / 09 / 2013 Transaction ID : SA11AI.7469
Mailing Address 1510 San Pardo		Amount of Each Receipt this Period 500.00
City Los Angeles	State CA	Zip Code 90033
FEC ID number of contributing federal political committee. C	Name of Employer USC	Occupation Vascular Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	47029.99

**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. INC., Dan BENISHEK FOR CONGRESS

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

Transaction ID : SB23.7557

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BLUNT, ROY

Mailing Address PO BOX 50100

City State Zip Code
SPRINGFIELD MO 65805

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MO District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2013

Transaction ID : SB23.7538

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany for Congress

Mailing Address 2501 Wisconsin Ave., NW
Suite 304

City State Zip Code
Washington DC 20007

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : SB23.7549

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City State Zip Code
ELMHURST NY 11373

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : SB23.7544

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ELIOT ENGEL

Mailing Address 4901 Henry Hudson Parkway

City State Zip Code
Bronx NY 10471

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2013

Transaction ID : SB23.7555

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael ENZI FOR US SENATE

Mailing Address PO BOX 2775

City State Zip Code
CODY WY 82414

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WY District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2013

Transaction ID : SB23.7552

Amount of Each Disbursement this Period

2000.00

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

4000.00

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. FLORES, BILL

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013

Transaction ID : SB23.7558

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JIM GERLACH

Mailing Address 649 DEEP HOLLOW LANE

City CHESTER SPRINGS State PA Zip Code 19425

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2013

Transaction ID : SB23.7536

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CHARLES E GRASSLEY

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SB23.7553

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

**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)

<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. ANDREW P HARRIS

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 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

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : SB23.7527

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : SB23.7548

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2013

Transaction ID : SB23.7537

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

**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)

<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. MCMORRIS RODGERS, CATHY

Mailing Address 32 EAST 25TH

City SPOKANE State WA Zip Code 99203

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2013

Transaction ID : SB23.7546

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RICHARD E MR. NEAL

Mailing Address 36 ATWATER TERRACE

City SPRINGFIELD State MA Zip Code 01107

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2013

Transaction ID : SB23.7530

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 640

City TOTOWA State NJ Zip Code 07511

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NJ 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
07	/	24	/	2013

Transaction ID : SB23.7531

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. REED, JACK F

Mailing Address 13 BOW STREET

City JAMESTOWN State RI Zip Code 02835

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: RI District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	3

Transaction ID : SB23.7540

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. LEE C ROGERS

Mailing Address 3700 WILSHIRE BLVD STE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	3

Transaction ID : SB23.7532

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JOHN M SHIMKUS

Mailing Address 504 Sumner Boulevard

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IL District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	3

Transaction ID : SB23.7528

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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