



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American College of Surgeons Professional Association PAC**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  |                         | 380172.29                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 440091.29               |                                   |
| (c) Total Receipts (from Line 19) .....  | 98753.00                | 174232.00                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 538844.29               | 554404.29                         |
| 7. Total Disbursements (from Line 31).....   | 45000.00                | 60560.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 493844.29               | 493844.29                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American College of Surgeons Professional Association PAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 86255.00                      | 149520.00                         |
| (ii) Unitemized .....   | 12498.00                      | 24712.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 98753.00                      | 174232.00                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 98753.00                      | 174232.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total 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))..... ▶                        | 98753.00                      | 174232.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 98753.00                      | 174232.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 45000.00                      | 60000.00                          |
| 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                          | 560.00                            |
| (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                          | 560.00                            |
| 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)) ..      | 45000.00                      | 60560.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 45000.00                      | 60560.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 98753.00                      | 174232.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 560.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 98753.00                      | 173672.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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 72                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. David B. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Courtenay Dr  
 Suite 7100A, MS 290  
 City Charleston State SC Zip Code 29425-8911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical University of South Carolina Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2012**  
**Transaction ID : 804C83C5-2887-4A9A-**  
 Amount of Each Receipt this Period **500.00**

**B. Roxie Mae Albrecht**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Williams Pavilion Building, Room 2  
 City Oklahoma City State OK Zip Code 73104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Oklahoma Health Sciences Cente Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 12 / 2012**  
**Transaction ID : 5052F95004D271BE53B**  
 Amount of Each Receipt this Period **1000.00**

**C. Edward Lee Alexander III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 S Governors Ave  
 City Dover State DE Zip Code 19904-4158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : D495903E10EF0EF9B0C**  
 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 7 OF 72                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Adnan Ali Alseidi</b>  |                                     | Date of Receipt   |
| Mailing Address 2021 1st Ave<br>Apt A6  |                                     | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City<br>Seattle   | State<br>WA                         | Zip Code<br>98121-2135  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : C397EBD490E8635F80E</b>   |
| Name of Employer<br>US Navy   | Occupation<br>Surgeon               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            | <input type="text" value="250.00"/>   |
|   | <input type="text" value="250.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Cristan Anderson</b>   |                                     | Date of Receipt   |
| Mailing Address 102 Chestnut St   |                                     | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City<br>Camden  | State<br>ME                         | Zip Code<br>04843-2229  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : 4BC56C09C74458B09DF</b>   |
| Name of Employer<br>Self Employed   | Occupation<br>Surgeon               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            | <input type="text" value="250.00"/>   |
|   | <input type="text" value="250.00"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. James A. Anderson</b>  |                                      | Date of Receipt   |
| Mailing Address 419 S Washington St<br>Ste 102  |                                      | <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2012"/> |
| City<br>Casper  | State<br>WY                          | Zip Code<br>82601-2951  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : BC59E31A4E68838F5C3</b>   |
| Name of Employer<br>Self Employed   | Occupation<br>Surgeon                | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             | <input type="text" value="2500.00"/>  |
|   | <input type="text" value="2500.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="3000.00"/> |
| <b>TOTAL</b> 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 8 OF 72                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Juan A. Asensio-Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Surgery B-40  
 City Miami State FL Zip Code 33136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Miami Miller School of Med Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : 484992C08F15AD9D4EC**  
 Amount of Each Receipt this Period **250.00**

**B. Patrick Vance Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 E Roosevelt St  
 MIHS Department of Surgery  
 City Phoenix State AZ Zip Code 85008-4973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maricopa Integrated Health System Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 26 / 2012**  
**Transaction ID : 4D9EA3563E3EF6A2A2AB**  
 Amount of Each Receipt this Period **250.00**

**C. Patrick Vance Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 E Roosevelt St  
 MIHS Department of Surgery  
 City Phoenix State AZ Zip Code 85008-4973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maricopa Integrated Health System Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : 0EE9D41912464C80EFA**  
 Amount of Each Receipt this Period **250.00**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 72                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Martin A. Bain**

Mailing Address 75 Pringle Way  
Ste 1002

City Reno State NV Zip Code 89502-1475

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2012  
**Transaction ID : 85C3BC8FF6C736D3D92**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Stephen Leonard Barnes**

Mailing Address Division of Acute Care Surgery

City Columbia State MO Zip Code 65212-0001

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2012  
**Transaction ID : B21628ABB3762831EF3**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Jefferson Augusto Bastidas**

Mailing Address 14981 National Ave  
Ste 4

City Los Gatos State CA Zip Code 95032-2600

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2012  
**Transaction ID : 8D5F415849398E57D42**

Amount of Each Receipt this Period  
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: (check only one)       | PAGE 10 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tiffany Kay Bee</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : 0BC533115CA3EE1A86D</b> |
| Mailing Address 910 Madison Ave<br>2nd Floor Suite 213  |                                    | Amount of Each Receipt this Period<br>500.00   |
| City Memphis  | State TN                           | Zip Code 38103-3403  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>UTHSC   | Occupation<br>Surgeon              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Richard P. Billingham</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2012<br><b>Transaction ID : 0620B01A-DB74-45A8-</b> |
| Mailing Address 1101 Madison St<br>Ste 500  |                                     | Amount of Each Receipt this Period<br>1000.00  |
| City Seattle  | State WA                            | Zip Code 98104-3557  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |
| Name of Employer<br>University of Washington  | Occupation<br>Surgeon               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Anne-Marie Boller</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : D011DFFFB571E9A238C</b> |
| Mailing Address 676 N Saint Clair St<br>Division of Gi and Oncologic Surge  |                                    | Amount of Each Receipt this Period<br>250.00   |
| City Chicago  | State IL                           | Zip Code 60611-2929  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>North Western Memorial Hospital   | Occupation<br>Surgeon              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Edward Brian Borden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 Belle Terre Rd  
 Med Arts Building Suite 201  
 City Port Jefferson State NY Zip Code 11777-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2012  
**Transaction ID : 0229F492-9463-4A74-**  
 Amount of Each Receipt this Period  
**250.00**

**B. Mark William Bowyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3865 Farrcroft Dr  
 City Fairfax State VA Zip Code 22030-2485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOD Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : B9B778E7EB60BDA6847**  
 Amount of Each Receipt this Period  
**500.00**

**C. Karen Jean Brasel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9200 W Wisconsin Ave  
 City Milwaukee State WI Zip Code 53226-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation 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  
 03 / 12 / 2012  
**Transaction ID : FA68857DC69256CF63B**  
 Amount of Each Receipt this Period  
**250.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Joshua Alan Broghammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University of Kansas Medical Ctr  
 Department of Urology - Mailstop 3  
 City Kansas City State KS Zip Code 66160-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Kansas Medical Center Occupation Urologist  
 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  
**03 / 27 / 2012**  
**Transaction ID : B3E98AA2A8E01BD734E**  
 Amount of Each Receipt this Period  
**500.00**

**B. James Gordon Brooks Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9330 Poppy Dr  
 Ste 300  
 City Dallas State TX Zip Code 75218-4624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dallas Bone and Joint Clinic Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2012**  
**Transaction ID : D3E202C2-F0E0-43E7-**  
 Amount of Each Receipt this Period  
**500.00**

**C. Carlos V. R. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University Medical Center Brackenr  
 Trauma Services  
 City Austin State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Southwestern - Aus Occupation 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  
**03 / 07 / 2012**  
**Transaction ID : E592071D-C81D-424C-**  
 Amount of Each Receipt this Period  
**250.00**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Dennistoun Karl Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 Dakota Blvd  
 City Boulder State CO Zip Code 80304-4754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Deaconess Billings Clinic Occupation 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  
 03 / 28 / 2012  
**Transaction ID : 0823D5C3E1A0A3F36D0**  
 Amount of Each Receipt this Period  
 250.00

**B. Bruce Douglas Browner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Medical Arts and Research Building  
 Department of Orthopaedic Surgery  
 City Farmington State CT Zip Code 06034-4037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Connecticut Occupation 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  
 03 / 27 / 2012  
**Transaction ID : 2044A9191C636A34FE4**  
 Amount of Each Receipt this Period  
 250.00

**C. Dale Buchbinder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Good Samaritan Hospital  
 Rmb Suite 412  
 City Baltimore State MD Zip Code 21239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Baltimore Medical Center Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2012  
**Transaction ID : 43C8B55BB415229CD4F3**  
 Amount of Each Receipt this Period  
 75.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 575.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Steven Li-Wen Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Duarte Rd  
 City Duarte State CA Zip Code 91010-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer City of Hope National Medical Center Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : 2F67732478811FD0B5F**  
 Amount of Each Receipt this Period **250.00**

**B. Jennifer Nicole Choi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 Barnhill Dr # EH505  
 City Indianapolis State IN Zip Code 46202-5112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Surgeons Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : 5FD6E6518ED1C3DF296**  
 Amount of Each Receipt this Period **500.00**

**C. William G. Cioffi Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 593 Eddy St Chairmans Office Apc 431, Ste 431  
 City Providence State RI Zip Code 02903-4923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rhode Island Hospital Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : CAB57C917001511FA73**  
 Amount of Each Receipt this Period **500.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Mark David Cipolle**  
Full Name (Last, First, Middle Initial)

Mailing Address 4755 Ogletown Stanton Rd  
Christiana Care Health System, Ste

City Newark State DE Zip Code 19718-0002

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

Name of Employer Christiana Care Health System Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : 85B26F3EABB42C9C091

Amount of Each Receipt this Period  
1000.00

**B. Paul Thomas Cirangle**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 California St  
Ste 280

City San Francisco State CA Zip Code 94109-4588

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : 4A3AA9B7D688EC8F091

Amount of Each Receipt this Period  
500.00

**C. Thomas V. Clancy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2131 S 17th St

City Wilmington State NC Zip Code 28401-7407

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

Name of Employer New Hanover Reg Med Center Seahec Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : 0B6DD554B27434B65ED

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 16 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Scott Coates**  
Full Name (Last, First, Middle Initial)

Mailing Address 2611 W Main St

City Chanute State KS Zip Code 66720-5275

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : C26AA77A4D252359BDB**

Amount of Each Receipt this Period 250.00

**B. Amalia Lenora Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 N 1900 E  
Department of Surgery

City Salt Lake City State UT Zip Code 84132-0002

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

Name of Employer University of Utah Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 26 / 2012  
**Transaction ID : 49F2BDF88ED664940274**

Amount of Each Receipt this Period 250.00

**C. Raul Coimbra**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 W Arbor Dr  
Mail Code 8896

City San Diego State CA Zip Code 92103-9000

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

Name of Employer Univ of CA San Diego Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2012  
**Transaction ID : 51E881FFA74ADA42CEB**

Amount of Each Receipt this Period 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 17 OF 72                |
|   | (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)  
**American College of Surgeons Professional Association PAC**

|   |                       |  |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Frederic J. Cole Jr.</b>   |                       | Date of Receipt<br>03 / 12 / 2012<br><b>Transaction ID : 97CE80060E50ACC58CC</b> |
| Mailing Address 501 N Graham St<br>Ste 580  |                       | Amount of Each Receipt this Period<br>1000.00                                    |
| City<br>Portland  | State<br>OR           |  |
| Zip Code<br>97227-2003  |                       | Aggregate Year-to-Date ▼<br>1000.00  |
| FEC ID number of contributing federal political committee.<br>C   |                       |  |
| Name of Employer<br>Pacific Surgical PC   | Occupation<br>Surgeon |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                       |  |

|   |                       |  |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Edward E. Cornwell III</b>   |                       | Date of Receipt<br>03 / 12 / 2012<br><b>Transaction ID : 21E454DB9A73CC66E38</b> |
| Mailing Address 2041 Georgia Ave NW<br>Howard Univ Hosp, Suite 4B02   |                       | Amount of Each Receipt this Period<br>1000.00                                    |
| City<br>Washington  | State<br>DC           |  |
| Zip Code<br>20060-0001  |                       | Aggregate Year-to-Date ▼<br>1000.00  |
| FEC ID number of contributing federal political committee.<br>C   |                       |  |
| Name of Employer<br>Howard University   | Occupation<br>Surgeon |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                       |  |

|   |                       |  |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>c. John Morgan Cosgrove</b>   |                       | Date of Receipt<br>03 / 27 / 2012<br><b>Transaction ID : F47EA5B01D6AF147CE4</b> |
| Mailing Address 1650 Selwyn Ave<br>Bronx Lebanon Hospital Center, Apt   |                       | Amount of Each Receipt this Period<br>250.00                                     |
| City<br>Bronx   | State<br>NY           |  |
| Zip Code<br>10457-7628  |                       | Aggregate Year-to-Date ▼<br>250.00   |
| FEC ID number of contributing federal political committee.<br>C   |                       |  |
| Name of Employer<br>Trauma/General Surgery  | Occupation<br>Surgeon |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                       |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Bard C. Cosman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3350 La Jolla Village Dr  
# 112E

City San Diego State CA Zip Code 92161-0002

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

Name of Employer U.S. Department of Veterans Affairs Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 06 / 2012  
Transaction ID : **E9B96D1D-F732-432C-**

Amount of Each Receipt this Period  
1000.00

**B. Peter David Costantino**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 E 77th St  
FI 10

City New York State NY Zip Code 10075-1851

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

Name of Employer Cranial Base Center Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 28 / 2012  
Transaction ID : **DC04FA76F2D013C2AAB**

Amount of Each Receipt this Period  
500.00

**c. Chris Cribari**  
Full Name (Last, First, Middle Initial)

Mailing Address 2315 E Harmony Rd  
Redstone Building, Suite 130

City Fort Collins State CO Zip Code 80528-8620

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

Name of Employer Surgical Specialists of the Rockies Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : **8C0C7B523C147C5DDEE**

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 19 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Martin Alexander Croce**  
Full Name (Last, First, Middle Initial)

Mailing Address Univ of Tennessee Department of Su  
Ste 220

City Memphis State TN Zip Code 38163-0001

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

Name of Employer UTHSC Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
03 / 03 / 2012  
**Transaction ID : 4DBF944BFB8B5116006F**

Amount of Each Receipt this Period  
80.00

**B. Michael J. Cross**  
Full Name (Last, First, Middle Initial)

Mailing Address 1792 E Joyce Blvd  
Ste 1

City Fayetteville State AR Zip Code 72703-5255

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 12 / 2012  
**Transaction ID : E69C5790FCAF51ADAFE**

Amount of Each Receipt this Period  
300.00

**c. Myriam Jeanette Curet**  
Full Name (Last, First, Middle Initial)

Mailing Address 12001 Finn Ln

City Los Altos Hills State CA Zip Code 94022-4545

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

Name of Employer Department of Surgery Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 28 / 2012  
**Transaction ID : 71345B151ED6392C7FA**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1380.00

**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 20 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Brad Michael Cushing**  
Full Name (Last, First, Middle Initial)

Mailing Address Department of Surgery

City Portland State ME Zip Code 04102-3100

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

Name of Employer Maine Medical Center Occupation 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  
 03 / 12 / 2012

**Transaction ID : F51E8E7DAF977BE4187**

Amount of Each Receipt this Period  
 250.00

**B. Robert Christian Davies**  
Full Name (Last, First, Middle Initial)

Mailing Address 1773 Kings Mountain Dr

City Stone Mountain State GA Zip Code 30087-1925

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

Name of Employer Rockdale Medical Center 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  
 03 / 07 / 2012

**Transaction ID : 32817B8F-54CB-4B22-**

Amount of Each Receipt this Period  
 500.00

**C. Matthew Lowell Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 11122 Overlook Cv

City Belton State TX Zip Code 76513-6528

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

Name of Employer Scott and White Hospital Occupation 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  
 03 / 05 / 2012

**Transaction ID : 12844E248BA179B9A74**

Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Christopher John Dente**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Surgery  
 Suite 307  
 City Atlanta State GA Zip Code 30303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Univ Occupation 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  
 03 / 12 / 2012  
**Transaction ID : 315E52FE4DFC46FA47F**  
 Amount of Each Receipt this Period  
**250.00**

**B. Jay Joseph Doucet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 Stratford Ave  
 City South Pasadena State CA Zip Code 91030-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of CA Occupation 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  
 03 / 12 / 2012  
**Transaction ID : 595DC50DAC2A978F970**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Therese M. Duane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Vcu Medical Center  
 Division of Trauma Critical Care S  
 City Richmond State VA Zip Code 23298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VCU Med Center Occupation 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  
 03 / 12 / 2012  
**Transaction ID : BE4C759D5C541EA13F1**  
 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 22 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Julie Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address **East Tennessee State University**  
**Department of Surgery**

City **Johnson City** State **TN** Zip Code **37614**

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

Name of Employer **East Tennessee State University** Occupation **Surgeon**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**03 / 21 / 2012**

**Transaction ID : A73185578FF386880CB**

Amount of Each Receipt this Period  
**250.00**

**B. Timothy Dwight Edmisten**  
Full Name (Last, First, Middle Initial)

Mailing Address **965 State Farm Rd**

City **Boone** State **NC** Zip Code **28607-4948**

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

Name of Employer **Watauga Surgical Group PA** Occupation **Surgeon**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 11 / 2012**

**Transaction ID : 7D704258-45DA-4A97-**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **2160 S 1st Ave**  
**Loyola University Medical Center**

City **Maywood** State **IL** Zip Code **60153-3328**

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

Name of Employer **Loyola University Medical Center** Occupation **Surgeon**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**03 / 12 / 2012**

**Transaction ID : D70AF1C98FCF6E0D475**

Amount of Each Receipt this Period  
**500.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1050.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Steven Eyer**

Mailing Address 2531 E 6th St

City Duluth State MN Zip Code 55812-1404

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 12 / 2012

Transaction ID : **4687F2D84C87EE00D0F**

Amount of Each Receipt this Period 400.00

Full Name (Last, First, Middle Initial)  
**B. Richard J. Fantus**

Mailing Address Advocate III Masonic Medical Centre Trauma Service

City Chicago State IL Zip Code 60657

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

Name of Employer Advocate Illinois Masonic Medical Cent Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2012

Transaction ID : **525655B3-9A72-4798-**

Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial)  
**C. Ellen Thomason Farrokhi**

Mailing Address 2060 23rd Ave E

City Seattle State WA Zip Code 98112-2936

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

Name of Employer Radia Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2012

Transaction ID : **1670F41F8E71BE35F68**

Amount of Each Receipt this Period 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Robert Alan Fenstermaker**  
Full Name (Last, First, Middle Initial)

Mailing Address Roswell Park

City Buffalo State NY Zip Code 14263-0001

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2012  
**Transaction ID : 46A8DE44988E63550CA**

Amount of Each Receipt this Period 250.00

**B. John Fildes**  
Full Name (Last, First, Middle Initial)

Mailing Address Univ of Nevada School of Medicine Department of Surgery Suite 302

City Las Vegas State NV Zip Code 89102

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

Name of Employer University of Nevada School of Medicin Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2012  
**Transaction ID : 520C108A-E6E1-4EBD-**

Amount of Each Receipt this Period 500.00

**C. James E. Foster II**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 13367 Roanoke Memorial Hospital

City Roanoke State VA Zip Code 24033-3367

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

Name of Employer Roanoke Memorial Hospital Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : EB6F7ED2765A7EFF1D8**

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 25 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Julie A. Freischlag**  
Full Name (Last, First, Middle Initial)

Mailing Address Department of Surgery  
Johns Hopkins Hospital

City Baltimore State MD Zip Code 21205-2196

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

Name of Employer Johns Hopkins Hospital Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : **5E25A25DD32B27C5B11**

Amount of Each Receipt this Period  
500.00

**B. Randall Scott Friese**  
Full Name (Last, First, Middle Initial)

Mailing Address Divide of Trauma and Crit Care Roo

City Tucson State AZ Zip Code 85724-5063

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

Name of Employer Univ of Arizona Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : **FD315F21051A5A96157**

Amount of Each Receipt this Period  
250.00

**C. Eric Robert Frykberg**  
Full Name (Last, First, Middle Initial)

Mailing Address University of Florida Health Scien  
Department of Surgery

City Jacksonville State FL Zip Code 32209

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

Name of Employer University of Florida College of Medic Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 06 / 2012  
Transaction ID : **22EC4DD8-7497-46F3-**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. John Ochsner Gage</b>  |                                     | Date of Receipt   |
| Mailing Address 8333 N Davis Hwy<br>Medical Center Clinic   |                                     | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City Pensacola  | State FL                            | Zip Code 32514-6050   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |                                     | <b>Transaction ID : FB4FB1B138CAB30CD7D</b>   |
| Name of Employer Medical Center Clinic  |                                     | Amount of Each Receipt this Period  |
| Occupation Surgeon  |                                     | <input type="text" value="250.00"/>   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            |   |
|   | <input type="text" value="250.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Raymond Jospheh Gagliardi</b>  |                                     | Date of Receipt   |
| Mailing Address 7595 Skarlocken Grn   |                                     | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City New Albany   | State OH                            | Zip Code 43054-6010   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |                                     | <b>Transaction ID : B964A6971E185286AAB</b>   |
| Name of Employer University of Kentucky Medical Center  |                                     | Amount of Each Receipt this Period  |
| Occupation Surgeon  |                                     | <input type="text" value="250.00"/>   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            |   |
|   | <input type="text" value="250.00"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Rajesh Ramesh Gandhi</b>   |                                      | Date of Receipt   |
| Mailing Address 1500 S Main St<br>John Peter Smith, Opc 303   |                                      | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2012"/> |
| City Fort Worth   | State TX                             | Zip Code 76104-4917   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |                                      | <b>Transaction ID : 0C857151FD5BBC03B43</b>   |
| Name of Employer Self Employed  |                                      | Amount of Each Receipt this Period  |
| Occupation Surgeon  |                                      | <input type="text" value="1500.00"/>  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             |   |
|   | <input type="text" value="1500.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="2000.00"/> |
| <b>TOTAL</b> 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:             | PAGE 27 OF 72                |
|   | (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)  
**American College of Surgeons Professional Association PAC**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Felix Antonio Garcia-Perez</b>                                 |                                     | Date of Receipt   |
| Mailing Address 1945 State Route 33<br>Jersey Shore University Medical Ce                                       |                                     | <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| Neptune   | NJ                                  | 07753-4859  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : 4E38F2A081F54E06107</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Meridian Trauma Association   | Surgeon                             | <input type="text" value="250.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. John Edward Garry</b>  |                                     | Date of Receipt   |
| Mailing Address 6121 N Thesta St<br>Ste 202   |                                     | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| Fresno  | CA                                  | 93710-5294  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : 2FC9318B2574028E8E2</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| John E. Garry, MD, FACS   | Surgeon                             | <input type="text" value="250.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ross Frederick Goldberg</b>                                    |                                      | Date of Receipt   |
| Mailing Address 212 Island Harbor Cir   |                                      | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> |
| City  | State                                | Zip Code  |
| Ponte Vedra Beach   | FL                                   | 32082-1217  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : 4203B0218E00BE274DDC</b>  |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
| Mayo Clinic   | Surgeon                              | <input type="text" value="100.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1135.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="600.00"/> |
| <b>TOTAL</b> 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 28 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Ross Frederick Goldberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Island Harbor Cir  
 City State Zip Code  
 Ponte Vedra Beach FL 32082-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mayo Clinic Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1135.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : FAC253E44D9CFE80C2E**  
 Amount of Each Receipt this Period  
 750.00

**B. David George Greenhalgh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2425 Stockton Blvd  
 Shriners Hospitals for Children  
 City State Zip Code  
 Sacramento CA 95817-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Shriners Hospitals for Children 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  
 03 / 12 / 2012  
**Transaction ID : E233F5B8799ECB5EBDD**  
 Amount of Each Receipt this Period  
 500.00

**C. Kirby Robert Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13231 Martin Rd  
 City State Zip Code  
 Evansville IN 47725-9553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US Army 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  
 03 / 11 / 2012  
**Transaction ID : 3AC5AA33-3C4E-4B09-**  
 Amount of Each Receipt this Period  
 1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 29 OF 72                |
|   | (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)  
**American College of Surgeons Professional Association PAC**

**A. Ronald Ian Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address Baystate Medical Center

City Springfield State MA Zip Code 01199-0001

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

Name of Employer Hartford Hospital Occupation Surgeon-Chief of Trauma and Emergency

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  
 03 / 12 / 2012  
**Transaction ID : 5A58820442904BC8826**

Amount of Each Receipt this Period  
500.00

**B. Ronald Ian Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address Baystate Medical Center

City Springfield State MA Zip Code 01199-0001

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

Name of Employer Hartford Hospital Occupation Surgeon-Chief of Trauma and Emergency

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  
 03 / 27 / 2012  
**Transaction ID : 6E688A8D616A96E7C7E**

Amount of Each Receipt this Period  
500.00

**C. David Jon Grossklaus**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 N Greenfield Rd Ste 105

City Gilbert State AZ Zip Code 85234-5044

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

Name of Employer D Grossklaus, MD, PC Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2012  
**Transaction ID : 79F76B53-4D01-463C-**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Oscar Dean Guillamondegui**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 21st Ave S  
 404 Mab  
 City Nashville State TN Zip Code 37212-2717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Univ Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2012  
**Transaction ID : FE5C6E903AC04CCD351**  
 Amount of Each Receipt this Period 500.00

**B. Rajan Gupta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Section of General Surgery  
 City Lebanon State NH Zip Code 03756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dartmouth Hitchcock Medical Center Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2012  
**Transaction ID : 9222894655008E24BDD**  
 Amount of Each Receipt this Period 250.00

**C. Ari Omar Halldorsson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 4th St  
 Texas Tech Univ Hlth Sci Center, M  
 City Lubbock State TX Zip Code 79430-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Tech Univ Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2012  
**Transaction ID : 884DFF9AF84C2F434C7**  
 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 31 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Paul B. Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3243 E Murdock St  
 Ste 404  
 City State Zip Code  
 Wichita KS 67208-3007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kansas Surgical Consultants 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  
 03 / 12 / 2012  
**Transaction ID : 3A1C814C2B59C6E60DC**  
 Amount of Each Receipt this Period  
 250.00

**B. Sara L. Hartsaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 W Lakeway Rd  
 Ste 1  
 City State Zip Code  
 Gillette WY 82718-6373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 High Plains Surgical Associates, PC 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  
 03 / 27 / 2012  
**Transaction ID : EF7170D6DA2EF4DC81A**  
 Amount of Each Receipt this Period  
 500.00

**C. James Huang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Memorial Sloan-Kettering Cancer Ce  
 Thoracic Service  
 City State Zip Code  
 New York NY 10065-7924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial Sloan-Kettering 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  
 03 / 05 / 2012  
**Transaction ID : 228DE192325AC269CBC**  
 Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Tyler G. Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Hospital Dr  
Memorial Hospital, Ste 301

City Mc Pherson State KS Zip Code 67460-2326

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

Name of Employer Memorial Hospital Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 27 / 2012  
**Transaction ID : 1BC8CAEFBEDC1118068**

Amount of Each Receipt this Period  
250.00

**B. Haywood Melton Ingram**  
Full Name (Last, First, Middle Initial)

Mailing Address 1805 Worsham Pl

City Greensboro State NC Zip Code 27408-3113

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

Name of Employer Central Carolina Surgery Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 15 / 2012  
**Transaction ID : FCBE8EDF-A00A-41B7-**

Amount of Each Receipt this Period  
250.00

**C. Adel F. Jabour**  
Full Name (Last, First, Middle Initial)

Mailing Address 18350 Roscoe Blvd  
Ste 200

City Northridge State CA Zip Code 91325-4147

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 12 / 2012  
**Transaction ID : 6D3471DC920F046E255**

Amount of Each Receipt this Period  
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: (check only one)       | PAGE 33 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Lenworth M. Jacobs Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 Seymour St  
 Hartford Hospital  
 City Hartford State CT Zip Code 06102-8000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartford Hospital Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 03 / 05 / 2012  
**Transaction ID : C561977DCD71DDCCF5**  
 Amount of Each Receipt this Period  
 750.00

**B. Stephen Ward Jarrard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 Natures Summit Ln  
 City Lakemont State GA Zip Code 30552-2951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain Lakes Medical Center Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 03 / 27 / 2012  
**Transaction ID : 55F08B0C3DA84FC4EAF**  
 Amount of Each Receipt this Period  
 500.00

**C. Donald Howard Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 1st St SW  
 Tcgs Division, Saint Marys Hospita  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 03 / 12 / 2012  
**Transaction ID : D6C1AD4734569A43CDD**  
 Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Dean Livingston Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address 4106 W Lake Mary Blvd  
Ste 212

City Lake Mary State FL Zip Code 32746-3344

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2012  
**Transaction ID : 9A03711019B9C2F914C**

Amount of Each Receipt this Period 300.00

**B. Zakiyah Kadry**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 850  
Transplant Division McH062

City Hershey State PA Zip Code 17033-0850

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

Name of Employer Penn State Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2012  
**Transaction ID : 722A05CF25997C403A7**

Amount of Each Receipt this Period 500.00

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

Mailing Address 6620 Fly Rd  
Ste 200

City East Syracuse State NY Zip Code 13057-5076

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : 086017F18CB06ED1466**

Amount of Each Receipt this Period 1500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2300.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Christoph Robert Kaufmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Medical Director, Trauma Services  
 Forbes Regional Hospital  
 City State Zip Code  
 Monroeville PA 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Legacy Emanuel Hospital 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  
 03 / 27 / 2012  
**Transaction ID : 65EB2A7BA0E100AB343**  
 Amount of Each Receipt this Period  
 250.00

**B. John Wellesley Kilkenny III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Surgery  
 Ufhsc-J  
 City State Zip Code  
 Jacksonville FL 32209-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of FLorida 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  
 03 / 06 / 2012  
**Transaction ID : 2C181384-C435-4F20-**  
 Amount of Each Receipt this Period  
 750.00

**C. Adam Augustus Klipfel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 East Ave  
 City State Zip Code  
 Pawtucket RI 02860-3889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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  
 03 / 27 / 2012  
**Transaction ID : 82CCE6EA98886A23A58**  
 Amount of Each Receipt this Period  
 250.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Joseph Allen Kuhn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7777 Forest Ln  
 Ste C410  
 City Dallas State TX Zip Code 75230-2599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 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  
 03 / 05 / 2012  
**Transaction ID : 40358A1FD657179023F**  
 Amount of Each Receipt this Period  
**250.00**

**B. Kevin P. Lally**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pediatric Surgery  
 Suite 5258  
 City Houston State TX Zip Code 77030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Texas Health Science Ctr Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2012  
**Transaction ID : C89090CE-1EA1-4FBB-**  
 Amount of Each Receipt this Period  
**500.00**

**C. Susan He Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 E 55th St  
 Apt 7C  
 City New York State NY Zip Code 10022-4120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CRT Surgery Occupation 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  
 03 / 27 / 2012  
**Transaction ID : 6D93EEF4F529E6C1658**  
 Amount of Each Receipt this Period  
**250.00**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Robert Warren Letton Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address OUHSC Children's Hospital  
Pediatric Surgery Suite 2320

City Oklahoma City State OK Zip Code 73104

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

Name of Employer OUHSC Children's Hospital Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
03 / 03 / 2012  
**Transaction ID : 4846B3DC84EF8FD13862**

Amount of Each Receipt this Period  
**100.00**

**B. Benjamin Dunlop Li**  
Full Name (Last, First, Middle Initial)

Mailing Address Lsu Health Sciences Center  
Department of Surgery

City Shreveport State LA Zip Code 71130-3932

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

Name of Employer LSU Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
03 / 05 / 2012  
**Transaction ID : 1060616713CB129E610**

Amount of Each Receipt this Period  
**500.00**

**C. David H. Livingston**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 Bergen St  
University Hospital M234

City Newark State NJ Zip Code 07103-2496

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

Name of Employer University Hospital M234 Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
03 / 12 / 2012  
**Transaction ID : 381660AC270DFED000C**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 38 OF 72   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Deborah Susan Loeff**  
Full Name (Last, First, Middle Initial)

Mailing Address Pediatric Surgery, University of C  
Mc 4062

City Chicago State IL Zip Code 60637

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

Name of Employer Midwest Pediatric Surgical Assoc Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : 7B52C238E16D048C01D**

Amount of Each Receipt this Period 250.00

**B. Charles Mabry**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 W 40th Ave  
Ste 7B

City Pine Bluff State AR Zip Code 71603-6964

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

Name of Employer Surgeons of South Arkansas Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : 510B4345CF0BAFCDDDD9**

Amount of Each Receipt this Period 1000.00

**C. David M. Mahvi**  
Full Name (Last, First, Middle Initial)

Mailing Address 676 N Saint Clair St  
Northwestern Univ Feinberg Sch of

City Chicago State IL Zip Code 60611-2927

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

Name of Employer University of Wisconsin Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : C7629C23-430B-4D64-**

Amount of Each Receipt this Period 500.00

**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 39 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Joshua M.V. Mammen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Murphy MS2005  
 Department of Surgery  
 City Kansas City State KS Zip Code 66160-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Cincinnati Hospital Occupation 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  
 03 / 06 / 2012  
**Transaction ID : 976E20D2-91E6-45F1-**  
 Amount of Each Receipt this Period  
**250.00**

**B. Jeffrey Samuel Mandel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7001 Hodgson Memorial Dr  
 Ste 1  
 City Savannah State GA Zip Code 31406-2549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : A7C8AA6A22B29CE24E1**  
 Amount of Each Receipt this Period  
**250.00**

**C. David Allen Margolin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Colon and Rectal Sur  
 the Ochsner Clinic  
 City New Orleans State LA Zip Code 70121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Clinic Occupation 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  
 03 / 27 / 2012  
**Transaction ID : 0BA49128EA462D255FA**  
 Amount of Each Receipt this Period  
**250.00**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Matthew Brunson Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 N Church St  
Ste 302

City Greensboro State NC Zip Code 27401-1449

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

Name of Employer Central Carolina Surgery Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : **FCA2D88AD7BED6EC177**

Amount of Each Receipt this Period  
1000.00

**B. John Clark Mayberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 3181 SW Sam Jackson Park Rd  
L611

City Portland State OR Zip Code 97239-3011

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

Name of Employer Oregon Health Science University Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 13 / 2012  
Transaction ID : **BBFCE5CE-FBFB-469B-**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 120 Mineola Blvd  
Winthrop Surgical Associates

City Mineola State NY Zip Code 11501-4064

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

Name of Employer Winthrop Surgical Associates Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : **EF872E3E61E7ACB41AB**

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 41 OF 72   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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)  
**American College of Surgeons Professional Association PAC**

|   |                       |   |
|---|-----------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. John Meara</b>             |                       | Date of Receipt<br>03 / 27 / 2012<br><b>Transaction ID : 13C3185A2482236066D</b>  |
| Mailing Address Department of Plastic Surgery<br>Children's Hospital Boston |                       | Amount of Each Receipt this Period<br>250.00  |
| City<br>Boston  | State<br>MA           |   |
| Zip Code<br>02115   |                       | Aggregate Year-to-Date ▼<br>250.00  |
| FEC ID number of contributing federal political committee.<br>C             |                       |   |
| Name of Employer<br>Children's Hospital Boston                              | Occupation<br>Surgeon | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                       |   |
|--|-----------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Walter Scott Edwards Medlin</b> |                       | Date of Receipt<br>03 / 27 / 2012<br><b>Transaction ID : 913BD23F39EE50A7686</b>  |
| Mailing Address 3155 Sylvan St   |                       | Amount of Each Receipt this Period<br>250.00  |
| City<br>Bellingham   | State<br>WA           |   |
| Zip Code<br>98226-4360   |                       | Aggregate Year-to-Date ▼<br>250.00  |
| FEC ID number of contributing federal political committee.<br>C                  |                       |   |
| Name of Employer<br>Billings Clinic  | Occupation<br>Surgeon | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                       |   |
|--|-----------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sherry Mae Melton</b> |                       | Date of Receipt<br>03 / 12 / 2012<br><b>Transaction ID : 1F10B632909A7CF8BE3</b>  |
| Mailing Address 701 19th St S<br>Uab Department of Surgery, # LHRB-    |                       | Amount of Each Receipt this Period<br>250.00  |
| City<br>Birmingham   | State<br>AL           |   |
| Zip Code<br>35233-1926   |                       | Aggregate Year-to-Date ▼<br>250.00  |
| FEC ID number of contributing federal political committee.<br>C        |                       |   |
| Name of Employer<br>Univ of Alabama at Birmingham                      | Occupation<br>Surgeon | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

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

Mailing Address 601 Elmwood Ave  
# Surg

City Rochester State NY Zip Code 14642-0001

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

Name of Employer University of Rochester Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
03 / 26 / 2012  
Transaction ID : 4F328E99EA2AB967AACA

Amount of Each Receipt this Period  
175.00

**B. Babak Moeinolmolki**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Thames St  
Unit 405

City Baltimore State MD Zip Code 21231-3527

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

Name of Employer GBMC Hospital Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : AAA2D6E38235E66BA05

Amount of Each Receipt this Period  
500.00

**C. Myat Myat Mon**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Central Park S  
Apt 205

City New York State NY Zip Code 10019-1450

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : B11A867D8D0E97F585B

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00

**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 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Raymond F. Morgan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 800376  
 University of Virginia Health Syst  
 City Charlottesville State VA Zip Code 22908-0376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Virginia Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : 651A41DD34A015D4CB4**  
 Amount of Each Receipt this Period  
 500.00

**B. Lee R. Morisy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6025 Walnut Grove Rd  
 Ste 201  
 City Memphis State TN Zip Code 38120-2122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : 6AD1405462BB50F7030**  
 Amount of Each Receipt this Period  
 1000.00

**C. Peter Clark Muskat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Albert Sabin Way  
 PO Box 670558  
 City Cincinnati State OH Zip Code 45267-2827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : D246BC28BCFA9533C52**  
 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 45 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Rick Quang Ngo**  
Full Name (Last, First, Middle Initial)

Mailing Address 13418 Kingsride Ln

City Houston State TX Zip Code 77079-3431

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

Name of Employer South West Surgical Associates Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : 4E3A0E63084E019F43E**

Amount of Each Receipt this Period 250.00

**B. James M. Nottingham**  
Full Name (Last, First, Middle Initial)

Mailing Address USC Department of Surgery  
2 Richland Medical Park Suite 300

City Columbia State SC Zip Code 29203

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

Name of Employer USC Department of Surgery Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 28 / 2012  
**Transaction ID : 2F6E35C2-60EF-48CC-**

Amount of Each Receipt this Period 750.00

**C. Patricia J. Numann**  
Full Name (Last, First, Middle Initial)

Mailing Address 323 Highland Ave

City Syracuse State NY Zip Code 13203-1607

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

Name of Employer University Hospital Health Science Cen Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : 4D60B827E8CC5E09AE72**

Amount of Each Receipt this Period 100.00

**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 46 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Michael S. Nussbaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University of Florida  
 College of Medicine - Jacksonville  
 City Jacksonville State FL Zip Code 32209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Cincinnati Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2012  
**Transaction ID : 061FA436F33A1D8473A**  
 Amount of Each Receipt this Period  
**1500.00**

**B. Patricia A. O'Neill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Montague Ter  
 Apt 4A  
 City Brooklyn State NY Zip Code 11201-4105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNY Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : 58AC29E327B4BA495CC**  
 Amount of Each Receipt this Period  
**100.00**

**C. Patricia A. O'Neill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Montague Ter  
 Apt 4A  
 City Brooklyn State NY Zip Code 11201-4105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNY Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012  
**Transaction ID : 4E85BCF2D28AF9BE3B1E**  
 Amount of Each Receipt this Period  
**100.00**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Frank George Opelka**  
Full Name (Last, First, Middle Initial)

Mailing Address 10104 Gail Ct

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>River Ridge | State<br>LA | Zip Code<br>70123-1930 |
|---------------------|-------------|------------------------|

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

|   |                       |
|---|-----------------------|
| Name of Employer<br>LA State University | Occupation<br>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 |
| 03    | / | 27    | / | 2012        |

**Transaction ID : 289BA0089F6C4A2032D**

Amount of Each Receipt this Period  
1000.00

**B. Juan Carlos Paramo**  
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Alton Rd  
Mount Sinai Med Center Cancer Cent

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Miami Beach | State<br>FL | Zip Code<br>33140-2948 |
|---------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>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 |
| 03    | / | 27    | / | 2012        |

**Transaction ID : EDE79BDEC0E80B94FFA**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4701 Ogletown Stanton Rd  
West Entrance Suite 1500

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Newark | State<br>DE | Zip Code<br>19713-2055 |
|----------------|-------------|------------------------|

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

|                                     |                       |
|-------------------------------------|-----------------------|
| Name of Employer<br>Christiana Care | Occupation<br>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 |
| 03    | / | 19    | / | 2012        |

**Transaction ID : 4B1793AB-A822-49E8-**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Roger Ronald Perry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 Fairfax Ave  
 Department of Surgery Evms  
 City Norfolk State VA Zip Code 23507-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : E3C54C571EBDDFD1750**  
 Amount of Each Receipt this Period  
 250.00

**B. Niranjan V. Rao**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Easton Ave  
 City New Brunswick State NJ Zip Code 08901-1885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : 6CF40C9E94D83EE3262**  
 Amount of Each Receipt this Period  
 250.00

**C. R. Lawrence Reed II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 N Capitol Ave  
 lu Health Methodist Hospital  
 City Indianapolis State IN Zip Code 46202-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Clinic Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : D72A0E11E1CA455A567**  
 Amount of Each Receipt this Period  
 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: (check only one)       | PAGE 49 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Richard B. Reiling</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : AA44C8CEB6F73B03F4A</b> |
| Mailing Address 200 Hawthorne Ln<br>Presbyterian Cancer Center  |   | Amount of Each Receipt this Period<br>250.00   |
| City<br>Charlotte   | State<br>NC                               | Zip Code<br>28204-2515   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Presbyterian Hospital | Occupation<br>Surgeon  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00        |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Patrick M. Reilly</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2012<br><b>Transaction ID : 680B489A-8D55-44E6-</b> |
| Mailing Address 3400 Spruce St<br>5 Maloney   |                                    | Amount of Each Receipt this Period<br>250.00   |
| City<br>Philadelphia  | State<br>PA                        | Zip Code<br>19104-4208   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Univ of PA     | Occupation<br>Surgeon  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Danny Ray Robinette</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : AC69728D0C66800578A</b> |
| Mailing Address 1275 Sadler Way<br>Ste 102  |                                     | Amount of Each Receipt this Period<br>2500.00  |
| City<br>Fairbanks   | State<br>AK                         | Zip Code<br>99701-3175   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Self Employed   | Occupation<br>Surgeon  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |                              |  |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Catherine Ann Ronaghan</b>   |                              | Date of Receipt<br>MM / DD / YYYY<br>03 / 01 / 2012<br><b>Transaction ID : 906A251F-D94C-4B75-</b> |
| Mailing Address 4102 24th St<br>Ste 406   |                              | Amount of Each Receipt this Period<br>250.00   |
| City Lubbock  | State TX Zip Code 79410-1804 |  |
| FEC ID number of contributing federal political committee.<br>C   |                              | Aggregate Year-to-Date ▼<br>250.00   |
| Name of Employer<br>Self Employed   | Occupation<br>Surgeon        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |  |

|   |                              |  |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Francis Steven Rotolo</b>  |                              | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2012<br><b>Transaction ID : D789DFA1-F760-4BED-</b> |
| Mailing Address 6535 N Charles St<br>Physicians Pavillion North, Suite  |                              | Amount of Each Receipt this Period<br>1000.00  |
| City Towson   | State MD Zip Code 21204-5826 |  |
| FEC ID number of contributing federal political committee.<br>C   |                              | Aggregate Year-to-Date ▼<br>1000.00  |
| Name of Employer<br>Self Employed   | Occupation<br>Surgeon        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |  |

|   |                              |  |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. James Rucinski</b>   |                              | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : C966615ED38D3D5F383</b> |
| Mailing Address 155 E 55th St<br>Apt 12C  |                              | Amount of Each Receipt this Period<br>250.00   |
| City New York   | State NY Zip Code 10022-4043 |  |
| FEC ID number of contributing federal political committee.<br>C   |                              | Aggregate Year-to-Date ▼<br>250.00   |
| Name of Employer<br>Ny Methodist Hospital   | Occupation<br>Surgeon        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 51 OF 72   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Ali Salim**  
Full Name (Last, First, Middle Initial)

Mailing Address Division of Trauma/Critical Care  
Cedars-Sinai Medical Center

City Los Angeles State CA Zip Code 90048

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

Name of Employer Cedar Sinai Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : **0B7B16D9BDDDB0F196FB**

Amount of Each Receipt this Period  
250.00

**B. Jeffrey Paul Salomone**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 Glenn St SW  
69 Jesse Hill Jr Drive Southeast

City Atlanta State GA Zip Code 30312-2641

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

Name of Employer Emory Univ Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : **1A6E4571E2CC40590ED**

Amount of Each Receipt this Period  
250.00

**C. Jeffrey Paul Salomone**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 Glenn St SW  
69 Jesse Hill Jr Drive Southeast

City Atlanta State GA Zip Code 30312-2641

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

Name of Employer Emory Univ Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
03 / 16 / 2012  
Transaction ID : **45561727B36766AD1B2**

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 52 OF 72   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Juan A. Sanchez</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : BBAC06C22E99ACACEB1</b> |
| Mailing Address Saint Mary's Hospital<br>Department of Surgery  |                                    | Amount of Each Receipt this Period<br>250.00   |
| City Waterbury  | State CT                           |  |
|   | Zip Code 06706                     |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Saint Mary's Hospital   | Occupation<br>Surgeon              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Heena Pravin Santry</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : 330CB892E005E6BC3CF</b> |
| Mailing Address 55 Lake Ave N<br>Department of Surgery  |                                    | Amount of Each Receipt this Period<br>250.00   |
| City Worcester  | State MA                           |  |
|   | Zip Code 01655-0002                |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Self-Employed   | Occupation<br>Surgeon              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kenneth Hans Sartorelli</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2012<br><b>Transaction ID : 35EAE8C5219F24296B4</b> |
| Mailing Address 111 Colchester Ave<br>460 Fl4, Mc Campus  |                                    | Amount of Each Receipt this Period<br>250.00   |
| City Burlington   | State VT                           |  |
|   | Zip Code 05401-1473                |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Univ of VT  | Occupation<br>Surgeon              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

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

FOR LINE NUMBER: PAGE 54 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

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

Mailing Address 545 Barnhill Dr  
 FI 5

City State Zip Code  
 Indianapolis IN 46202-5112

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

Name of Employer Occupation  
 Indiana University 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  
 03 / 27 / 2012

**Transaction ID : 620E0D22F0D3679C26A**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Anthony Senagore**

Mailing Address 1441 Eastlake Ave  
 Ste 7218

City State Zip Code  
 Los Angeles CA 90089-0112

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

Name of Employer Occupation  
 Keck School of Medicine 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  
 03 / 11 / 2012

**Transaction ID : 66FC39B5-5D4A-456E-**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 4700 Waters Ave  
 Aci Surgical Associates

City State Zip Code  
 Savannah GA 31404-6220

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

Name of Employer Occupation  
 ACI Surgical Associates 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  
 03 / 28 / 2012

**Transaction ID : 8DFF1F09-8D66-45CB-**

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 55 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Paresh C. Shah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Surgery  
 Lenox Hill Hospital  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lenox Hill Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2012  
**Transaction ID : 44E2AB61033FB9D7B0B1**  
 Amount of Each Receipt this Period  
**75.00**

**B. Perry Shen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of General Surgery  
 Wake Forest Univ School of Medicin  
 City Winston Salem State NC Zip Code 27157-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest Medical School Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2012  
**Transaction ID : 956B9723-D9A7-46AE-**  
 Amount of Each Receipt this Period  
**300.00**

**C. Mohamed Yusuf A. Siddiqui**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2178 Main St  
 City Buffalo State NY Zip Code 14214-2634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2012  
**Transaction ID : D3F4B9B7D14585CE27A**  
 Amount of Each Receipt this Period  
**250.00**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>625.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |                              |  |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Richard A. Sidwell</b>   |                              | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2012<br><b>Transaction ID : 6AEDCC374E6C67CC59E</b> |
| Mailing Address 1415 Woodland Ave<br>Ste 140  |                              | Amount of Each Receipt this Period<br>500.00   |
| City Des Moines   | State IA Zip Code 50309-3203 |  |
| FEC ID number of contributing federal political committee.<br>C   |                              | Aggregate Year-to-Date ▼<br>500.00   |
| Name of Employer<br>The Iowa Clinic   | Occupation<br>Surgeon        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |  |

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Timothy David Sielaff</b>  |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 07 / 2012<br><b>Transaction ID : 276100C7-08FF-443A-</b> |
| Mailing Address Virginia Piper Cancer Institute<br>Mr 39602   |                         | Amount of Each Receipt this Period<br>250.00   |
| City Minneapolis  | State MN Zip Code 55407 |  |
| FEC ID number of contributing federal political committee.<br>C   |                         | Aggregate Year-to-Date ▼<br>250.00   |
| Name of Employer<br>Allina Hospitals and Clinics  | Occupation<br>Surgeon   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |

|   |                              |  |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael J. Sise</b>  |                              | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2012<br><b>Transaction ID : 43EB7E6CC40062AD141</b> |
| Mailing Address 550 Washington St<br>Ste 641  |                              | Amount of Each Receipt this Period<br>250.00   |
| City San Diego  | State CA Zip Code 92103-2229 |  |
| FEC ID number of contributing federal political committee.<br>C   |                              | Aggregate Year-to-Date ▼<br>250.00   |
| Name of Employer<br>Mercy Hosp and Med Center   | Occupation<br>Surgeon        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Peter Keith Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 353 New Shackle Island Rd  
Ste 102A

City Hendersonville State TN Zip Code 37075-2359

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 06 / 2012  
Transaction ID : **CE23CE6E-45CA-4E32-**

Amount of Each Receipt this Period  
500.00

**B. Laurel Curtis Soot**  
Full Name (Last, First, Middle Initial)

Mailing Address Westside Surgical Specialists  
the Oregon Clinic

City Portland State OR Zip Code 97225

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

Name of Employer The Oregon Clinic Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : **97EE21C2FB13AC370B9**

Amount of Each Receipt this Period  
500.00

**C. Nathaniel Jolas Soper**  
Full Name (Last, First, Middle Initial)

Mailing Address Northwestern Univ Department of Su  
Galter 3-150

City Chicago State IL Zip Code 60611

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

Name of Employer Northwestern University Feinberg Schoo Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : **5F672F55-8027-42BB-**

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 58 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Keith Richard Stephenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Plantation Rd  
 City Blacksburg State VA Zip Code 24060-3880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carilion Clinic Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : 5DDB868DA3842C13B39**  
 Amount of Each Receipt this Period **1000.00**

**B. Michael J. Sutherland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 W 40th Ave Ste 7B  
 City Pine Bluff State AR Zip Code 71603-6964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Air Force Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 27 / 2012**  
**Transaction ID : 1EBB5696EA0E3C70BFA**  
 Amount of Each Receipt this Period **1500.00**

**C. John Edward Sutton Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daisy Hill Rd  
 City Lebanon State NH Zip Code 03766-2319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VA Medical center Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 30 / 2012**  
**Transaction ID : C8CA6C27-28D3-4AF3-**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2750.00**  
**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 59 OF 72   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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)  
**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Jon Sutton**

Mailing Address 1610 Monroe St  
Apt 1E

City Evanston State IL Zip Code 60202-2055

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

Name of Employer American College of Surgeons Occupation State Affairs Associate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : 9A983FBA8E627ED7572**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Craig Steven Swafford**

Mailing Address 9390 Rhea County Hwy

City Dayton State TN Zip Code 37321-7939

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

Name of Employer UT Com Chattanooga Occupation 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  
 03 / 27 / 2012  
**Transaction ID : C3A483FC6D7BB76A13D**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Richard Sprague Swanson**

Mailing Address 75 Francis St  
Brigham and Womens Hospital

City Boston State MA Zip Code 02115-6110

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

Name of Employer Brigham and Women's Hospital Occupation 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  
 03 / 27 / 2012  
**Transaction ID : F497FC5C7BF27778215**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|  |                                     |            |   |
|--|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Donna Jean Tesi</b> |                                     |            | Date of Receipt   |
| Mailing Address 610 Adams St   |                                     |            | <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2012"/> |
| City   | State                               | Zip Code   | <b>Transaction ID : 8C67958A870273A6898</b>   |
| Franklin   | LA                                  | 70538-4815 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.           | <input type="text" value="C"/>      |            | <input type="text" value="500.00"/>   |
| Name of Employer   | Occupation                          |            |   |
| Franklin Foundation Hospital   | Surgeon                             |            |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | <input type="text" value="500.00"/> |            |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                     |            |   |

|   |                                     |            |   |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Thavam Achenthan Thambi-Pillai</b> |                                     |            | Date of Receipt   |
| Mailing Address 8004 S Copper Ridge Rd  |                                     |            | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code   | <b>Transaction ID : 064D7C2DB5C6ADF2564</b>   |
| Sioux Falls   | SD                                  | 57108-6223 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                          | <input type="text" value="C"/>      |            | <input type="text" value="250.00"/>   |
| Name of Employer  | Occupation                          |            |   |
| Sanford Health  | 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)<br><b>C. Michael Hale Thomason</b> |                                     |            | Date of Receipt   |
| Mailing Address PO Box 32861<br>Carolinas Medical Center                   |                                     |            | <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2012"/> |
| City   | State                               | Zip Code   | <b>Transaction ID : DA5D161FCD8DE341F16</b>   |
| Charlotte  | NC                                  | 28232-2861 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                 | <input type="text" value="C"/>      |            | <input type="text" value="250.00"/>   |
| Name of Employer   | Occupation                          |            |   |
| Carolinas Health Care  | 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) ▼                                 |                                     |            |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="1000.00"/> |
| <b>TOTAL</b> 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 61 OF 72   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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)  
**American College of Surgeons Professional Association PAC**

**A. Geoffrey Bruce Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mayo Clinic  
 Department of Surgery  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : 11E653F4-3684-4A07-**  
 Amount of Each Receipt this Period  
**250.00**

**B. Gary L. Timmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Surgical Associates  
 Suite 101  
 City Sioux Falls State SD Zip Code 57105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical Associates Occupation 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  
 03 / 27 / 2012  
**Transaction ID : A1FE55AC6A2460BB920**  
 Amount of Each Receipt this Period  
**250.00**

**C. Glen Herman Tinkoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4755 Ogletown Stanton Rd  
 Rm LE75  
 City Newark State DE Zip Code 19718-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Christina Care Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : 4C97B239D3883C7326BB**  
 Amount of Each Receipt this Period  
**100.00**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 62 OF 72               |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |                              |                                   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Samuel Robert Todd**  
Full Name (Last, First, Middle Initial)

Mailing Address Director, Bellevue Emergency Surge  
Nyu Langone Medical Center

City New York State NY Zip Code 10016

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

Name of Employer The Methodist Hospital Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : **D150AB3B2E632F21494**

Amount of Each Receipt this Period  
500.00

**B. Gail Toshie Tominaga**  
Full Name (Last, First, Middle Initial)

Mailing Address 4447 Philbrook Sq

City San Diego State CA Zip Code 92130-8674

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 12 / 2012  
Transaction ID : **AC463C977278D84D9FF**

Amount of Each Receipt this Period  
250.00

**C. Douglas R. Trostle**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Guthrie Sq  
Guthrie Clinic, Ltd.

City Sayre State PA Zip Code 18840-1625

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

Name of Employer Guthrie Clinic, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 06 / 2012  
Transaction ID : **5B5A3C5F-E641-4C68-**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. James Gerard Tyburski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Detroit Receiving Hospital Room 4S  
 Department of Surgery  
 City Detroit State MI Zip Code 48201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wayne State University Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2012  
**Transaction ID : 0E797C62-0566-4BCE-**  
 Amount of Each Receipt this Period  
**500.00**

**B. Robin Marianne Ulanow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Hospital Dr  
 Ste 510  
 City Glen Burnie State MD Zip Code 21061-5887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2012  
**Transaction ID : 8833BDCB6A4F2AA3B8F**  
 Amount of Each Receipt this Period  
**250.00**

**C. Jamie Sue Ullman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Elmhurst Hospital Center  
 Department of Neurosurgery  
 City Elmhurst State NY Zip Code 11373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mt Sinai School of Medicine Occupation 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  
 03 / 12 / 2012  
**Transaction ID : 2DB07385192BE913594**  
 Amount of Each Receipt this Period  
**250.00**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Don Howard Van Boerum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2651 Hillsden Dr  
 City Holladay State UT Zip Code 84117-7721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Intermountain Medical Center Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : 05FFBAE66D752A19A65**  
 Amount of Each Receipt this Period  
 250.00

**B. Wayne Edward VanderKolk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 Cherry St SE Ste 102  
 City Grand Rapids State MI Zip Code 49503-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : 9DF0F07BAFFDCCA8490**  
 Amount of Each Receipt this Period  
 500.00

**C. Nicholas Blair Vedder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Harborview Medical Center Mailstop 359796  
 City Seattle State WA Zip Code 98104-2499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of WA Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : 1909679D-5C78-4ED4-**  
 Amount of Each Receipt this Period  
 1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 OF 72                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Kevin Edward Wasco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Suite 400  
 100 Theda Clark Plaza  
 City Neenah State WI Zip Code 54956  
 Name of Employer Surgical Associates of Neenah Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : 1DE244DD06EBE38E006**  
 Amount of Each Receipt this Period 500.00

**B. Leonard Joseph Weireter Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Eastern Virginia Medical School  
 Department of Surgery, Suite 610  
 City Norfolk State VA Zip Code 23507  
 Name of Employer Eastern Virginia Medical School Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2012  
**Transaction ID : EE9E749626D52928DE5**  
 Amount of Each Receipt this Period 1000.00

**C. Carl Joseph Westcott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Wake Frst  
 Department of Surgery  
 City Winston Salem State NC Zip Code 27157-0001  
 Name of Employer Wake Forest University Sch of Med Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2012  
**Transaction ID : 46CA8D1B9520B91AD6E1**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**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 66 OF 72                |
|   | <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"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

|   |                |  |
|---|----------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mitchell L. Willens</b>  |                | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : E37B162FD453A704999</b> |
| Mailing Address North Park Medical Plaza<br>Suite 600   |                | Amount of Each Receipt this Period<br>500.00   |
| City Tyler  | State TX       | FEC ID number of contributing federal political committee. C                                       |
|   | Zip Code 75702 | Name of Employer<br>Self Employed  |
| Occupation<br>Surgeon   |                | Aggregate Year-to-Date<br>1000.00  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                |  |

|   |                     |  |
|---|---------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert John Winchell</b>   |                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 08 / 2012<br><b>Transaction ID : 02B119C2-EBB2-4382-</b> |
| Mailing Address 887 Congress St<br>Ste 210  |                     | Amount of Each Receipt this Period<br>250.00   |
| City Portland   | State ME            | FEC ID number of contributing federal political committee. C                                       |
|   | Zip Code 04102-3166 | Name of Employer<br>Maine Medical Center   |
| Occupation<br>Surgeon   |                     | Aggregate Year-to-Date<br>250.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                     |  |

|   |                     |  |
|---|---------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. David Wilson Wormuth</b>   |                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : 376F38B40E1D94D8D83</b> |
| Mailing Address 4301 Medical Center Dr<br>Ste 301   |                     | Amount of Each Receipt this Period<br>1000.00  |
| City Fayetteville   | State NY            | FEC ID number of contributing federal political committee. C                                       |
|   | Zip Code 13066-6602 | Name of Employer<br>CNY Thoracic Surgery   |
| Occupation<br>Surgeon   |                     | Aggregate Year-to-Date<br>1000.00  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                     |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 67 OF 72  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Albert Morgan Wright**

Mailing Address 1 Plaza St W  
Ste 1B

City Brooklyn State NY Zip Code 11217-3740

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

Name of Employer Self employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 05 / 2012  
**Transaction ID : 27EA85C57E4EEA57344**

Amount of Each Receipt this Period  
300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 300.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 86255.00 |



**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)  
**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
2012 General Contribution

011

Category/  
Type

Candidate Name

**John A. Boehner**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : CF5B1F3F7457262860D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Lois Capps**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
2012 Primary Contribution

011

Category/  
Type

Candidate Name

**Lois Capps**

Office Sought:  House  
 Senate  
 President  
State: CA District: 24

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2012

Transaction ID : A8F6902AEE1F70F904E

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Glacier PAC**

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**Glacier PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : C3ECA32A2787081A46

Amount of Each Disbursement this Period

5000.00

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

12000.00

**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)  
**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. John Sullivan for Congress, Inc**

Mailing Address Post Office Box 470840

City State Zip Code  
Tulsa OK 74147

Purpose of Disbursement  
2012 General Contribution

011

Category/  
Type

Candidate Name

**John A. Sullivan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2012

**Transaction ID : 6935C5936EAA06F9A84**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Making Business Excel Political Action Committee**

Mailing Address PO Box 3241

City State Zip Code  
Cheyenne WY 82003

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**Making Business Excel Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2012

**Transaction ID : A958113DF6BFD13C694**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Matheson for Congress**

Mailing Address PO Box 521048

City State Zip Code  
Salt Lake City UT 84152

Purpose of Disbursement  
2012 Primary Contribution

011

Category/  
Type

Candidate Name

**James David Matheson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2012

**Transaction ID : B3BCE655BA1638A0BF8**

Amount of Each Disbursement this Period

2500.00

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

6000.00

**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)  
**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. McGoff for Congress**

Mailing Address PO Box 44188

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**John P. McGoff**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2012

Transaction ID : D17C29416FE65637319

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2012

Transaction ID : 4F6367A756418459E98

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. People for Enterprise Trade and Economic Growth (PETE PAC)**

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**People for Enterprise Trade and Economic Growth (PETE PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2012

Transaction ID : 40C14F9FC5C0C7BC664

Amount of Each Disbursement this Period

5000.00

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

13500.00

**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)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Trust PAC Team Republicans for Utilizing Sensible Tactics**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 23    | / | 2012        |

Mailing Address 228 S. Washington Street  
Suite 115

**Transaction ID : 4A9121B71BE5D6D2142**

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
2012 Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible Tactics

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

Mailing Address

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

Mailing Address

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) Contribution

State: District:

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

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

|         |
|---------|
| 5000.00 |
|---------|

|          |
|----------|
| 45000.00 |
|----------|