

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**  
**Society for Vascular Surgery Political Action Committee**

ADDRESS (number and street) **9400 W. Higgins Road**  
**Suite 315**  
 Check if different than previously reported. (ACC) **Rosemont** **IL** **60018**

2. **FEC IDENTIFICATION NUMBER** **C** **C00381459** 3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /   **07** / **01** / **2023** through   /   /   **12** / **31** / **2023**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **Slaw, Ken, , ,**

Signature of Treasurer **Slaw, Ken, , ,** Date   /   /   **01** / **31** / **2024**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Society for Vascular Surgery Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="353591.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="352908.82"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20389.46"/>	<input type="text" value="101206.66"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="373298.28"/>	<input type="text" value="454798.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34500.00"/>	<input type="text" value="116000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="338798.28"/>	<input type="text" value="338798.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Society for Vascular Surgery Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15650.25	86887.93
(ii) Unitemized .....	2239.21	11818.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17889.46	98706.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20389.46	101206.66
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)).....▶	20389.46	101206.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20389.46	101206.66

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	116000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	34500.00	116000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34500.00	116000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20389.46	101206.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20389.46	101206.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Aarabi, Shahram, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1411 E 31st St  
 Highland Hospital Department of Su  
 City Oakland State CA Zip Code 94602-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSF Occupation (for Individual) Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 08 / 17 / 2023  
**Transaction ID : F427270D-366E-48E4-A**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Aburahma, Ali, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 Maccorkle Ave SE  
 City Charleston State WV Zip Code 25304-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 21 / 2023  
**Transaction ID : 5BAE9B45-8040-427C-8**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Almaroof, Babatunde, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 S Linden Rd  
 City Flint State MI Zip Code 48532-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vascular Institute of Michigan Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 08 / 26 / 2023  
**Transaction ID : 64683F30-7FBC-4A22-8**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 7 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Society for Vascular Surgery Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Cajas-Monson, Luis, Carlos, ,**

Mailing Address 8860 Center Dr  
Ste 450

City La Mesa State CA Zip Code 91942-7001

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

Name of Employer (for Individual) UC San Diego Medical Center Occupation (for Individual) Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2023

Transaction ID : **BCA82EAF-2CAD-4F6D-B**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Cajas-Monson, Luis, Carlos, ,**

Mailing Address 8860 Center Dr  
Ste 450

City La Mesa State CA Zip Code 91942-7001

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

Name of Employer (for Individual) UC San Diego Medical Center Occupation (for Individual) Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2023

Transaction ID : **15DA09E1-A0E7-482D-9**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Cajas-Monson, Luis, Carlos, ,**

Mailing Address 8860 Center Dr  
Ste 450

City La Mesa State CA Zip Code 91942-7001

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

Name of Employer (for Individual) UC San Diego Medical Center Occupation (for Individual) Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2023

Transaction ID : **D3A5B0AE-231F-4F68-B**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 8 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Society for Vascular Surgery Political Action Committee**

**A. Cajas-Monson, Luis, Carlos, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8860 Center Dr  
 Ste 450  
 City La Mesa State CA Zip Code 91942-7001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC San Diego Medical Center Occupation (for Individual) Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 05 / 2023  
**Transaction ID : 542C45FA-8051-4D4E-A**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Cajas-Monson, Luis, Carlos, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8860 Center Dr  
 Ste 450  
 City La Mesa State CA Zip Code 91942-7001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC San Diego Medical Center Occupation (for Individual) Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 3A66ABA8-6CDE-48DE-A**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cajas-Monson, Luis, Carlos, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8860 Center Dr  
 Ste 450  
 City La Mesa State CA Zip Code 91942-7001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC San Diego Medical Center Occupation (for Individual) Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 05 / 2023  
**Transaction ID : B54763F2-E691-4225-B**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 9 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Charlton-Ouw, Kristofer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Binz St  
 HCA Houston Healthcare, Ste 1300  
 City Houston State TX Zip Code 77004-6999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gulf Coast Vascular Partners Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2023  
**Transaction ID : 975F33F9-C831-4C3D-8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Costanza, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 E Adams St  
 City Syracuse State NY Zip Code 13210-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNY Upstate Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : 963E5B50-9B88-435F-9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Duwayri, Yazan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2nd  
 Vascular Surgery, FI Suite  
 City Atlanta State GA Zip Code 30322-1013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University School of Medicine Occupation (for Individual) Professor of Surgery  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2023  
**Transaction ID : 1EAB38EE-2A73-459C-8**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

<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 10 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Society for Vascular Surgery Political Action Committee**

**A. Feezor, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 N Clyde Morris Blvd  
 Ste 100  
 City Daytona Beach State FL Zip Code 32114-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Program Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2023  
**Transaction ID : 324650AD-D74C-4EC6-B**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

**B. Feezor, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 N Clyde Morris Blvd  
 Ste 100  
 City Daytona Beach State FL Zip Code 32114-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Program Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2023  
**Transaction ID : 5136A5F8-B907-4223-B**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

**C. Feezor, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 N Clyde Morris Blvd  
 Ste 100  
 City Daytona Beach State FL Zip Code 32114-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Program Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2023  
**Transaction ID : DF70EF57-499E-4C1E-8**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Feezor, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 N Clyde Morris Blvd Ste 100  
 City Daytona Beach State FL Zip Code 32114-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Program Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.04

Date of Receipt 10 / 26 / 2023  
**Transaction ID : FE79A572-AB00-4B85-9**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. Feezor, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 N Clyde Morris Blvd Ste 100  
 City Daytona Beach State FL Zip Code 32114-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Program Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.04

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 4969B419-7300-4CA2-B**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**C. Feezor, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 N Clyde Morris Blvd Ste 100  
 City Daytona Beach State FL Zip Code 32114-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida Program Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.04

Date of Receipt 12 / 26 / 2023  
**Transaction ID : 1A2576F6-97C4-44AC-B**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<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 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Garoufalos, Matthew, G, ,**

Mailing Address 1933 Hansom Ct

City Naperville	State IL	Zip Code 60565-2629
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Advanced Oxygen Therapy Inc.	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2023

**Transaction ID : 9799F1EF-F6C6-4FCA-B**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Hance, Kirk, A, ,**

Mailing Address 3200 W 101st St

City Leawood	State KS	Zip Code 66206-2405
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Kansas School of Medicin	Occupation (for Individual) Associate Program Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2023

**Transaction ID : 8184476D-C751-4588-B**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Hasanadka, Ravishankar, , ,**

Mailing Address 1405 W Park St  
Ste 303

City Urbana	State IL	Zip Code 61801-2344
----------------	-------------	------------------------

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

Name of Employer (for Individual) OSF HealthCare Cardiovascular Institut	Occupation (for Individual) Vascular Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2023

**Transaction ID : D7FA2952-D41D-45F7-9**

Amount of Each Receipt this Period  
500.00

Memo Item

<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 13 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haurani, Mounir, J., ,

Mailing Address 376 W 10th Ave

City Columbus	State OH	Zip Code 43210-1280
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University Hospital Program	Occupation (for Individual) Program Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
933.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2023

**Transaction ID : 1FEBC151-CEBB-4B67-9**

Amount of Each Receipt this Period  
83.34

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haurani, Mounir, J., ,

Mailing Address 376 W 10th Ave

City Columbus	State OH	Zip Code 43210-1280
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University Hospital Program	Occupation (for Individual) Program Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
933.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2023

**Transaction ID : 044A14B5-95D7-4AEF-A**

Amount of Each Receipt this Period  
83.34

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haurani, Mounir, J., ,

Mailing Address 376 W 10th Ave

City Columbus	State OH	Zip Code 43210-1280
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University Hospital Program	Occupation (for Individual) Program Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
933.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2023

**Transaction ID : A4A76DFC-D106-46B8-A**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haurani, Mounir, J., ,

Mailing Address 376 W 10th Ave

City Columbus	State OH	Zip Code 43210-1280
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University Hospital Program	Occupation (for Individual) Program Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
933.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2023

**Transaction ID : 6DD3D150-3326-49E2-A**

Amount of Each Receipt this Period  
83.34

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haurani, Mounir, J., ,

Mailing Address 376 W 10th Ave

City Columbus	State OH	Zip Code 43210-1280
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University Hospital Program	Occupation (for Individual) Program Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
933.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2023

**Transaction ID : EC9AC10A-0F64-4BBD-9**

Amount of Each Receipt this Period  
83.34

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haurani, Mounir, J., ,

Mailing Address 376 W 10th Ave

City Columbus	State OH	Zip Code 43210-1280
------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University Hospital Program	Occupation (for Individual) Program Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
933.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2023

**Transaction ID : 624BAA34-D7B1-49E8-8**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<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 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Hicks, Caitlin, Whitney, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 N Wolfe St  
 Halsted 668, Halsted 668  
 City Baltimore State MD Zip Code 21287-0005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 14 / 2023**  
**Transaction ID : 487893C9-F680-46C6-A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hingorani, Anil, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 71st St  
 City Brooklyn State NY Zip Code 11209-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Total Vascular Care Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.82

Date of Receipt **12 / 07 / 2023**  
**Transaction ID : 01CA8A13-D2BD-4C07-8**  
 Amount of Each Receipt this Period 33.33  
 Memo Item

**C. Johnson, Adam, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Erwin Rd  
 City Durham State NC Zip Code 27705-4699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Health System, Inc. Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt **08 / 17 / 2023**  
**Transaction ID : 9E78F169-B252-4FF4-B**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	366.67
<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 16 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Johnson, Adam, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Erwin Rd  
 City Durham State NC Zip Code 27705-4699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Health System, Inc. Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2023  
**Transaction ID : 33EBD571-480A-4040-A**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

**B. Johnson, Adam, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Erwin Rd  
 City Durham State NC Zip Code 27705-4699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Health System, Inc. Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023  
**Transaction ID : 8F224866-98A4-43AD-A**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

**C. Johnson, Adam, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Erwin Rd  
 City Durham State NC Zip Code 27705-4699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Health System, Inc. Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2023  
**Transaction ID : 0F67087A-FD24-483D-B**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<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 17 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Lawrence, Peter, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Medical Plaza Ste 526  
 Vascular Surgery  
 City Los Angeles State CA Zip Code 90095-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCLA Medical Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2023  
**Transaction ID : 6B0B421D72934E29886C**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Lawrence, Peter, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Medical Plaza Ste 526  
 Vascular Surgery  
 City Los Angeles State CA Zip Code 90095-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCLA Medical Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2023  
**Transaction ID : 66CC15ADAF9F436EA837**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Lawrence, Peter, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Medical Plaza Ste 526  
 Vascular Surgery  
 City Los Angeles State CA Zip Code 90095-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCLA Medical Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : 257479198FB743BDBEA4**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lawrence, Peter, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Medical Plaza Ste 526  
 Vascular Surgery  
 City Los Angeles State CA Zip Code 90095-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCLA Medical Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2023  
**Transaction ID : 9C77B37D9961404EB01A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Mactaggart, Jason, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 982500 Nebraska Medical Ctr  
 City Omaha State NE Zip Code 68198-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwestern Vascular Surgical Society Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 52464720-FC91-4834-B**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mallon, Lawrence, I., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1316 Mercy Dr  
 City Muskegon State MI Zip Code 49444-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Muskegon Surgical Associates Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 20 / 2023  
**Transaction ID : 47958F95-36BD-4B06-A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<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 19 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Messier, Janice, Hong, ,**

Mailing Address 2011 Falls Valley Dr  
Ste 104

City Raleigh State NC Zip Code 27615-3452

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

Name of Employer (for Individual) Raleigh Vein And Laser Center Occupation (for Individual) Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 17 / 2023**

**Transaction ID : D7159494-DC6F-4BA3-8**

Amount of Each Receipt this Period 500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Mills, Joseph, L, ,**

Mailing Address 3925 Marlowe St  
West University Place

City Houston State TX Zip Code 77005-2045

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

Name of Employer (for Individual) Baylor College of Medicine Program Occupation (for Individual) Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 31 / 2023**

**Transaction ID : 40CF1E07-AE13-4695-9**

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Milner, Ross, , ,**

Mailing Address 1340 N Dearborn St  
Apt 3A

City Chicago State IL Zip Code 60610-2064

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

Name of Employer (for Individual) University of Chicago Pritzker School Occupation (for Individual) Professor of Surgery; Co-director, Cen

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 05 / 2023**

**Transaction ID : 107B9170-C7A7-4131-A**

Amount of Each Receipt this Period 250.00

Memo Item

**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 20 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ochoa, Lyssa, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 Canterbury Hill St  
 City San Antonio State TX Zip Code 78209-2820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Antonio Vascular and Endovascular Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2023  
**Transaction ID : 016CC108-7539-4769-B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ross, Charles, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Collier Rd NW Department of Surgery, Ste 2045  
 City Atlanta State GA Zip Code 30309-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Heart Institute Occupation (for Individual) Chief, Vascular and Endovascular Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 08 / 24 / 2023  
**Transaction ID : 19882A95-DE17-4789-A**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**C. Ross, Charles, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Collier Rd NW Department of Surgery, Ste 2045  
 City Atlanta State GA Zip Code 30309-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Heart Institute Occupation (for Individual) Chief, Vascular and Endovascular Servi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 09 / 24 / 2023  
**Transaction ID : E38756A8-E092-4B04-B**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	666.68
<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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Ross, Charles, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Collier Rd NW  
 Department of Surgery, Ste 2045  
 City Atlanta State GA Zip Code 30309-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Heart Institute Occupation (for Individual) Chief, Vascular and Endovascular Servi  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 583.38

Date of Receipt 10 / 24 / 2023  
**Transaction ID : B1D3339F-D202-4514-8**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. Ross, Charles, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Collier Rd NW  
 Department of Surgery, Ste 2045  
 City Atlanta State GA Zip Code 30309-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Heart Institute Occupation (for Individual) Chief, Vascular and Endovascular Servi  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 583.38

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 639A971E-3FBE-44C4-A**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**C. Ross, Charles, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95 Collier Rd NW  
 Department of Surgery, Ste 2045  
 City Atlanta State GA Zip Code 30309-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Heart Institute Occupation (for Individual) Chief, Vascular and Endovascular Servi  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 583.38

Date of Receipt 12 / 24 / 2023  
**Transaction ID : 9304EE7E-D086-4A7E-B**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<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 22 OF 39
	<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)  
**Society for Vascular Surgery Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rossi, Peter, J, ,

Mailing Address 8701 Watertown Plank Rd  
Division of Vascular And Endovascu

City Milwaukee	State WI	Zip Code 53226-3548
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Professor and Chief
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2023

**Transaction ID : D886196B-9B82-4E5D-A**

Amount of Each Receipt this Period  
83.34

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rossi, Peter, J, ,

Mailing Address 8701 Watertown Plank Rd  
Division of Vascular And Endovascu

City Milwaukee	State WI	Zip Code 53226-3548
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Professor and Chief
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2023

**Transaction ID : F3B81C20-A13A-4860-A**

Amount of Each Receipt this Period  
83.34

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rossi, Peter, J, ,

Mailing Address 8701 Watertown Plank Rd  
Division of Vascular And Endovascu

City Milwaukee	State WI	Zip Code 53226-3548
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Professor and Chief
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
916.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2023

**Transaction ID : EC73C190-C85D-4E27-8**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Rossi, Peter, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8701 Watertown Plank Rd  
 Division of Vascular And Endovascu

City Milwaukee	State WI	Zip Code 53226-3548
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Professor and Chief
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 916.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2023

**Transaction ID : 68C8BB5F-70F2-4B9A-B**

Amount of Each Receipt this Period  
 83.34

Memo Item

**B. Rossi, Peter, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8701 Watertown Plank Rd  
 Division of Vascular And Endovascu

City Milwaukee	State WI	Zip Code 53226-3548
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Professor and Chief
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 916.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2023

**Transaction ID : EA42A193-7FD2-4150-B**

Amount of Each Receipt this Period  
 83.34

Memo Item

**C. Scher, Larry, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E 210th St

City Bronx	State NY	Zip Code 10467-2401
---------------	-------------	------------------------

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

Name of Employer (for Individual) Montefiore Medical Center/Albert Einst	Occupation (for Individual) Assistant Director
---	---

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  
 11 / 04 / 2023

**Transaction ID : A09619AD-0273-4691-8**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.68
<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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Shutze, William, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 Alliance Blvd  
 Ste 200  
 City Plano State TX Zip Code 75093-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Vascular Associates, PA Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 02 / 2023  
**Transaction ID : 44D8B7B0-73F1-43CA-A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Shutze, William, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 Alliance Blvd  
 Ste 200  
 City Plano State TX Zip Code 75093-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Vascular Associates, PA Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 02 / 2023  
**Transaction ID : 8BB191BD-EF27-49B8-A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Shutze, William, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 Alliance Blvd  
 Ste 200  
 City Plano State TX Zip Code 75093-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Vascular Associates, PA Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 02 / 2023  
**Transaction ID : 59120C62-C170-4286-B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 25 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Shutze, William, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 Alliance Blvd  
 Ste 200  
 City Plano State TX Zip Code 75093-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Vascular Associates, PA Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 02 / 2023  
**Transaction ID : 0760554F-FA72-4817-A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Shutze, William, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 Alliance Blvd  
 Ste 200  
 City Plano State TX Zip Code 75093-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Vascular Associates, PA Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 11 / 02 / 2023  
**Transaction ID : 870724AD-1FCA-4E13-8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Shutze, William, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4716 Alliance Blvd  
 Ste 200  
 City Plano State TX Zip Code 75093-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Vascular Associates, PA Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 12 / 02 / 2023  
**Transaction ID : 2DE24DA3-1134-4B39-B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smolock, Christopher, J., ,

Mailing Address 160 Front St  
Apt 710

City Brooklyn State NY Zip Code 11201-2595

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

Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Staff Vascular Surgeon, Quality Improv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.04

Date of Receipt **07 / 02 / 2023**

**Transaction ID : 6C5534DE-DAE8-4CDE-8**

Amount of Each Receipt this Period 208.34

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smolock, Christopher, J., ,

Mailing Address 160 Front St  
Apt 710

City Brooklyn State NY Zip Code 11201-2595

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

Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Staff Vascular Surgeon, Quality Improv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.04

Date of Receipt **08 / 02 / 2023**

**Transaction ID : 0698E136-71A8-4E33-8**

Amount of Each Receipt this Period 208.34

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smolock, Christopher, J., ,

Mailing Address 160 Front St  
Apt 710

City Brooklyn State NY Zip Code 11201-2595

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

Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Staff Vascular Surgeon, Quality Improv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.04

Date of Receipt **09 / 02 / 2023**

**Transaction ID : DB038DCE-474C-464C-B**

Amount of Each Receipt this Period 208.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.02
<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 27 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smolock, Christopher, J., ,

Mailing Address 160 Front St  
Apt 710

City Brooklyn State NY Zip Code 11201-2595

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

Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Staff Vascular Surgeon, Quality Improv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.04

Date of Receipt 10 / 02 / 2023

Transaction ID : **DBEFEC10-6003-4EA2-A**

Amount of Each Receipt this Period 208.34

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smolock, Christopher, J., ,

Mailing Address 160 Front St  
Apt 710

City Brooklyn State NY Zip Code 11201-2595

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

Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Staff Vascular Surgeon, Quality Improv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2450.04

Date of Receipt 11 / 02 / 2023

Transaction ID : **036E5328-3EBC-49AF-8**

Amount of Each Receipt this Period 208.34

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smolock, Christopher, J., ,

Mailing Address 160 Front St  
Apt 710

City Brooklyn State NY Zip Code 11201-2595

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

Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Staff Vascular Surgeon, Quality Improv

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2450.04

Date of Receipt 12 / 02 / 2023

Transaction ID : **438EC31A-F168-45B2-9**

Amount of Each Receipt this Period 208.34

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.02

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Tracci, Margaret, Clarke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 800679  
 City Charlottesville State VA Zip Code 22908-0679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Virginia Medical Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1583.38

Date of Receipt 07 / 30 / 2023  
**Transaction ID : 900392FC-1932-441F-B**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. Tracci, Margaret, Clarke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 800679  
 City Charlottesville State VA Zip Code 22908-0679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Virginia Medical Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1583.38

Date of Receipt 08 / 30 / 2023  
**Transaction ID : E13FEC8A-BDCE-4CF9-8**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**C. Tracci, Margaret, Clarke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 800679  
 City Charlottesville State VA Zip Code 22908-0679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Virginia Medical Center Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1583.38

Date of Receipt 09 / 30 / 2023  
**Transaction ID : 4E945F75-2108-47B7-A**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<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 29 OF 39
	<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)  
**Society for Vascular Surgery Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Tracci, Margaret, Clarke, ,**

Mailing Address **PO Box 800679**

City Charlottesville	State VA	Zip Code 22908-0679
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Virginia Medical Center	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1583.38**

Date of Receipt  
**10 / 30 / 2023**

**Transaction ID : C9BDAF10-D105-49D0-8**

Amount of Each Receipt this Period  
**83.34**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Tracci, Margaret, Clarke, ,**

Mailing Address **PO Box 800679**

City Charlottesville	State VA	Zip Code 22908-0679
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Virginia Medical Center	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1583.38**

Date of Receipt  
**11 / 30 / 2023**

**Transaction ID : 6A6A3766-0996-4B9C-A**

Amount of Each Receipt this Period  
**83.34**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Tracci, Margaret, Clarke, ,**

Mailing Address **PO Box 800679**

City Charlottesville	State VA	Zip Code 22908-0679
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Virginia Medical Center	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1583.38**

Date of Receipt  
**12 / 30 / 2023**

**Transaction ID : AAFD0686-DF63-429C-9**

Amount of Each Receipt this Period  
**83.34**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.02</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 30 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Wang, Grace, J.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3400 Spruce St  
 FI 4  
 City Philadelphia State PA Zip Code 19104-4229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hospital of the University of Pennsylv Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2023  
**Transaction ID : F6BD4F07-D2BF-42CD-B**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Weis, Tahlia, L.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 N Oak Ave  
 City Marshfield State WI Zip Code 54449-5703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marshfield Clinic Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 17 / 2023  
**Transaction ID : 3D5C2992-7CF9-4355-B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Weis, Tahlia, L.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 N Oak Ave  
 City Marshfield State WI Zip Code 54449-5703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marshfield Clinic Occupation (for Individual) Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 17 / 2023  
**Transaction ID : 955E697B-EDEE-48A9-8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weis, Tahlia, L., ,

Mailing Address 1000 N Oak Ave

City Marshfield	State WI	Zip Code 54449-5703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Marshfield Clinic	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2023

**Transaction ID : 97A634F8-E678-473C-8**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weis, Tahlia, L., ,

Mailing Address 1000 N Oak Ave

City Marshfield	State WI	Zip Code 54449-5703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Marshfield Clinic	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2023

**Transaction ID : F1BC3288-46C3-4ABF-B**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weis, Tahlia, L., ,

Mailing Address 1000 N Oak Ave

City Marshfield	State WI	Zip Code 54449-5703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Marshfield Clinic	Occupation (for Individual) Vascular Surgeon
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2023

**Transaction ID : D14AF1C9-C5B3-4541-9**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 32 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Weis, Tahlia, L., ,

Mailing Address 1000 N Oak Ave

City Marshfield State WI Zip Code 54449-5703

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

Name of Employer (for Individual) Marshfield Clinic Occupation (for Individual) Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2023

**Transaction ID : AA7EC59E-DE54-488D-9**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wellons, Eric, , ,

Mailing Address 775 Poplar Rd Ste 350

City Newnan State GA Zip Code 30265-8304

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

Name of Employer (for Individual) American Vascular Associates Occupation (for Individual) Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2023

**Transaction ID : ABEAF36C-C4FE-4476-A**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	15650.25



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

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

**A. Tony Cardenas For Congress**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 C St NW  
Ste 360

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00498873

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2023

**Transaction ID : 4DF7D9E63B9F4BE3A06E**

Amount of Each Receipt this Period  
2500.00

Memo Item

Refund re: 2024 General Election Contribution

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

# 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Bera For Congress

Mailing Address PO Box 582496

City  
Elk Grove

State  
CA

Zip Code  
95758

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Bera, Amerish, B., ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2023			

FEC Identification Number

C C00461061

Transaction ID : 9C847D6A2F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Bilirakis For Congress

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688-0606

Purpose of Disbursement  
2024 General

011

Candidate Name

Bilirakis, Gus, Michael, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2023			

FEC Identification Number

C C00408534

Transaction ID : 0C6B496C57

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Buddy Carter For Congress

Mailing Address PO Box 10570

City  
Savannah

State  
GA

Zip Code  
31412

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Carter, Earl, L. B., ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2023			

FEC Identification Number

C C00543967

Transaction ID : 0BAF55CE24

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Cole For Congress

Mailing Address PO Box 722256

City  
Norman

State  
OK

Zip Code  
73070

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Cole, Thomas, Jeffery, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2023			

FEC Identification Number

C C00379735

**Transaction ID : 40179D0D11E**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### B. David Scott For Congress

Mailing Address PO Box 960821

City  
Riverdale

State  
GA

Zip Code  
30296

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Scott, David, Albert, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2023			

FEC Identification Number

C C00369801

**Transaction ID : 66C81748328**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City  
Issaquah

State  
WA

Zip Code  
98027

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Schrier, Kim, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2023			

FEC Identification Number

C C00652628

**Transaction ID : 2B886D9494**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Neal Dunn**

Mailing Address PO Box 10037

City  
Tallahassee

State  
FL

Zip Code  
32302

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Dunn, Neal, Patrick, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2023			

FEC Identification Number

C C00582304

Transaction ID : A9E16EC894

Amount of Each Disbursement this Period

1500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Guthrie For Congress**

Mailing Address PO Box 22401

City  
Louisville

State  
KY

Zip Code  
40252

Purpose of Disbursement  
2024 General

011

Candidate Name

Guthrie, S. Brett, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2023			

FEC Identification Number

C C00445023

Transaction ID : E37B0F71D4f

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Katherine Clark For Congress**

Mailing Address 600 Pennsylvania Ave SE  
Unit 15180

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Clark, Katherine, M., ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2023			

FEC Identification Number

C C00541888

Transaction ID : 3F9878FF2A

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

3500.00
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Miller-Meeks For Congress

Mailing Address PO Box 33

City  
Ottumwa

State  
IA

Zip Code  
52501

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Miller-Meeks, Mariannette, Jane, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2023			

FEC Identification Number

C00558825

Transaction ID : 96D23B03F7

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. People For Derek Kilmer

Mailing Address PO Box 1381

City  
Tacoma

State  
WA

Zip Code  
98402

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Kilmer, Derek, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2023			

FEC Identification Number

C00514893

Transaction ID : 3ACFF99BC4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Robin Kelly For Congress

Mailing Address PO Box 101199

City  
Chicago

State  
IL

Zip Code  
60610

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Kelly, Robin, Lynne, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2023			

FEC Identification Number

C00539866

Transaction ID : CABBADB6

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Schneider For Congress**

Mailing Address PO Box 1318

City  
Deerfield

State  
IL

Zip Code  
60015

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Schneider, Bradley, Scott, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

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

FEC Identification Number

C C00495952

**Transaction ID : BFA9C700BA**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Texans For Jodey Arrington**

Mailing Address PO Box 6687

City  
Lubbock

State  
TX

Zip Code  
79493-6687

Purpose of Disbursement  
2024 Primary

011

Candidate Name

Arrington, Jodey, Cook, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: TX District: 19

Date of Disbursement

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

FEC Identification Number

C C00588657

**Transaction ID : 8A2E81277AE**

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Thom Tillis Committee**

Mailing Address PO Box 97396

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement  
2026 Primary

011

Candidate Name

Tillis, Thomas, Roland, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

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

FEC Identification Number

C C00545772

**Transaction ID : D291D26BE3**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

8	5	0	0	0	0
---	---	---	---	---	---

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

3	4	5	0	0	0
---	---	---	---	---	---