



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Society for Vascular Surgery Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		104873.31
(b) Cash on Hand at Beginning of Reporting Period.....	117748.29	
(c) Total Receipts (from Line 19) .....	19939.98	87814.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	137688.27	192688.27
7. Total Disbursements (from Line 31).....	46000.00	101000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	91688.27	91688.27
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Society for Vascular Surgery Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18219.98	76194.96
(ii) Unitemized .....	1720.00	11620.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19939.98	87814.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19939.98	87814.96
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))..... ▶	19939.98	87814.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19939.98	87814.96

**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.....	46000.00	101000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46000.00	101000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46000.00	101000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19939.98	87814.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19939.98	87814.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Michael Addis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Shadowlawn Drive  
 City Springfield State NJ Zip Code 07081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cardiovascular Group Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2011  
**Transaction ID : SA11AI.6251**  
 Amount of Each Receipt this Period 1000.00

**B. Dr. Jeffrey Ballard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1140 W. La Veta Ave. Suite 850  
 City Orange State CA Zip Code 92868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Hospital Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2011  
**Transaction ID : SA11AI.6208**  
 Amount of Each Receipt this Period 250.00

**C. Dr. Irwin M. Best**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1364 Clifton Road, NE  
 City Atlanta State GA Zip Code 30322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Univ. Hospital Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 14 / 2011  
**Transaction ID : SA11AI.6346**  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 8 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Ruth L Bush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Texas A&M Univ.  
 City State Zip Code  
 Temple TX 76508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scott & White Hospital Vascular Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2011  
**Transaction ID : SA11AI.6286**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Ruth L Bush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Texas A&M Univ.  
 City State Zip Code  
 Temple TX 76508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scott & White Hospital Vascular Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.6301**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Ruth L Bush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Texas A&M Univ.  
 City State Zip Code  
 Temple TX 76508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scott & White Hospital Vascular Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2011  
**Transaction ID : SA11AI.6327**  
 Amount of Each Receipt this Period  
 50.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Ruth L Bush**

Mailing Address Texas A&M Univ.

City State Zip Code  
 Temple TX 76508

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

Name of Employer Occupation  
 Scott & White Hospital Vascular Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : SA11AI.6355**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 15 Parkman Street

City State Zip Code  
 Boston MA 02114

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

Name of Employer Occupation  
 Mass General Hospital vascular surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2011

**Transaction ID : SA11AI.6235**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 15 Parkman Street

City State Zip Code  
 Boston MA 02114

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

Name of Employer Occupation  
 Mass General Hospital vascular surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2011

**Transaction ID : SA11AI.6271**

Amount of Each Receipt this Period  
 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Richard Cambria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Parkman Street  
 City Boston State MA Zip Code 02114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass General Hospital Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2011  
**Transaction ID : SA11AI.6282**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Richard Cambria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Parkman Street  
 City Boston State MA Zip Code 02114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass General Hospital Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.6302**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Richard Cambria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Parkman Street  
 City Boston State MA Zip Code 02114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass General Hospital Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2011  
**Transaction ID : SA11AI.6328**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard Cambria</b>		Date of Receipt MM / DD / YYYY 12 / 20 / 2011 <b>Transaction ID : SA11AI.6357</b>
Mailing Address 15 Parkman Street		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. C		
Name of Employer Mass General Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Carlo Dall'Olmo</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2011 <b>Transaction ID : SA11AI.6236</b>
Mailing Address 5020 W. Bristol Road		Amount of Each Receipt this Period 50.00
City Flint	State MI	Zip Code 48507
FEC ID number of contributing federal political committee. C		
Name of Employer Michigan Vascular Center	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Carlo Dall'Olmo</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2011 <b>Transaction ID : SA11AI.6272</b>
Mailing Address 5020 W. Bristol Road		Amount of Each Receipt this Period 50.00
City Flint	State MI	Zip Code 48507
FEC ID number of contributing federal political committee. C		
Name of Employer Michigan Vascular Center	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 12 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Carlo Dall'Olmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 W. Bristol Road  
 City Flint State MI Zip Code 48507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Vascular Center Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 26 / 2011  
**Transaction ID : SA11AI.6283**  
 Amount of Each Receipt this Period 50.00

**B. Carlo Dall'Olmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 W. Bristol Road  
 City Flint State MI Zip Code 48507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Vascular Center Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 20 / 2011  
**Transaction ID : SA11AI.6303**  
 Amount of Each Receipt this Period 50.00

**C. Carlo Dall'Olmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 W. Bristol Road  
 City Flint State MI Zip Code 48507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Vascular Center Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 11 / 29 / 2011  
**Transaction ID : SA11AI.6329**  
 Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Carlo Dall'Olmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 W. Bristol Road  
 City Flint State MI Zip Code 48507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Vascular Center Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2011  
**Transaction ID : SA11AI.6348**  
 Amount of Each Receipt this Period 50.00

**B. Dr. Scott A Garner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5151 Gateway Center Suite 400  
 City Flint State MI Zip Code 48507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2011  
**Transaction ID : SA11AI.6243**  
 Amount of Each Receipt this Period 100.00

**C. Dr. Peter Gloviczki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 First Street SW  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2011  
**Transaction ID : SA11AI.6306**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Peter Gloviczki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 First Street SW  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2011  
**Transaction ID : SA11AI.6332**  
 Amount of Each Receipt this Period 50.00

**B. Dr. Peter Gloviczki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 First Street SW  
 City Rochester State MN Zip Code 55905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 20 / 2011  
**Transaction ID : SA11AI.6347**  
 Amount of Each Receipt this Period 50.00

**C. Dr. Sydney Guo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Brent street Suite 201  
 City Ventura State CA Zip Code 93003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Coast Vascular Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2011  
**Transaction ID : SA11AI.6360**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<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. Dr. Vivienne Halpern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1999 Marcus Ave  
 Suite 106  
 City New Hyde Park State NY Zip Code 11042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NS-LIJ Health System Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : SA11AI.6342**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Raymond J Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 Sherbrooke Drive  
 City Florham Park State NJ Zip Code 07932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cardiovascular Group Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2011  
**Transaction ID : SA11AI.6253**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Karl A Illig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1274 Clover Street  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Rochester Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2011  
**Transaction ID : SA11AI.6239**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Karl A Illig</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2011
Mailing Address 1274 Clover Street		<b>Transaction ID : SA11AI.6319</b>
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Rochester	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Krishna M. Jain</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2011
Mailing Address 1815 Henson Ave.		<b>Transaction ID : SA11AI.6244</b>
City Kalamazoo	State MI	Zip Code 49048
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Advanced Vascular Surgery	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Greg Kasper</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2011
Mailing Address 2105 Hawthorne Road		<b>Transaction ID : SA11AI.6240</b>
City Ottawa Hills	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer self-private practice	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<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: PAGE 17 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Greg Kasper**

Mailing Address 2105 Hawthorne Road

City State Zip Code  
 Ottawa Hills OH 43606

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

Name of Employer Occupation  
 self-private practice vascular surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011

**Transaction ID : SA11AI.6320**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 30 N. 1900th

City State Zip Code  
 Salt Lake City UT 84132

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

Name of Employer Occupation  
 Univ. of Utah Medical Center vascular surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011

**Transaction ID : SA11AI.6307**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 30 N. 1900th

City State Zip Code  
 Salt Lake City UT 84132

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

Name of Employer Occupation  
 Univ. of Utah Medical Center vascular surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : SA11AI.6353**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Timothy Kresowik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 433 Galway Drive  
 City Iowa City State IA Zip Code 52246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Iowa Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 20 / 2011  
**Transaction ID : SA11AI.6237**  
 Amount of Each Receipt this Period 50.00

**B. Dr. Timothy Kresowik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 433 Galway Drive  
 City Iowa City State IA Zip Code 52246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Iowa Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2011  
**Transaction ID : SA11AI.6274**  
 Amount of Each Receipt this Period 50.00

**C. Dr. Mark Kumar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Mill Street  
 City Fairfield State NJ Zip Code 07004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cardiovascular Group Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2011  
**Transaction ID : SA11AI.6250**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶







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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Peter F. Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011
Mailing Address 10380 Wilshire Blvd. Apt. 1501		<b>Transaction ID : SA11AI.6326</b>
City Los Angeles	State CA	Zip Code 90024
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Peter F. Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 10380 Wilshire Blvd. Apt. 1501		<b>Transaction ID : SA11AI.6345</b>
City Los Angeles	State CA	Zip Code 90024
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Stephen E Lee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2011
Mailing Address 4951 Shoreline Way		<b>Transaction ID : SA11AI.6224</b>
City Oxnard	State CA	Zip Code 93035
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 23 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Stephen E Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4951 Shoreline Way  
 City Oxnard State CA Zip Code 93035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Vascular Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2011  
**Transaction ID : SA11AI.6265**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Stephen E Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4951 Shoreline Way  
 City Oxnard State CA Zip Code 93035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Vascular Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011  
**Transaction ID : SA11AI.6291**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Stephen E Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4951 Shoreline Way  
 City Oxnard State CA Zip Code 93035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Vascular Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.6309**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Stephen E Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4951 Shoreline Way  
 City Oxnard State CA Zip Code 93035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2011  
**Transaction ID : SA11AI.6334**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Stephen E Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4951 Shoreline Way  
 City Oxnard State CA Zip Code 93035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : SA11AI.6349**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Jonathon A Levison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Kean Road  
 City Short Hills State NJ Zip Code 07078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cardiovascular Care Group Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2011  
**Transaction ID : SA11AI.6249**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Gregg L Londrey</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2011
Mailing Address 9 Huntley Road		<b>Transaction ID : SA11AI.6215</b>
City Richmond	State VA	Zip Code 23226
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Virginia Surgical Associates	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard A Lynn</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2011
Mailing Address 1411 N. Flagler Drive Suite 9700		<b>Transaction ID : SA11AI.6225</b>
City West Palm Beach	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard A Lynn</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2011
Mailing Address 1411 N. Flagler Drive Suite 9700		<b>Transaction ID : SA11AI.6266</b>
City West Palm Beach	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 27 OF 49
	<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 (Last, First, Middle Initial) <b>A. Dr. Richard A Lynn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2011
Mailing Address 1411 N. Flagler Drive Suite 9700		<b>Transaction ID : SA11AI.6351</b>
City West Palm Beach	State FL	Zip Code 33401
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Daniel I Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2011
Mailing Address 239 Byron Ridge Drive		<b>Transaction ID : SA11AI.6226</b>
City Albany	State GA	Zip Code 31721
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Private Practice	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel I Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 23 / 2011
Mailing Address 239 Byron Ridge Drive		<b>Transaction ID : SA11AI.6267</b>
City Albany	State GA	Zip Code 31721
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Private Practice	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 28 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Daniel I Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Byron Ridge Drive  
 City Albany State GA Zip Code 31721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2011  
**Transaction ID : SA11AI.6293**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Daniel I Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Byron Ridge Drive  
 City Albany State GA Zip Code 31721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.6311**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Daniel I Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Byron Ridge Drive  
 City Albany State GA Zip Code 31721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2011  
**Transaction ID : SA11AI.6337**  
 Amount of Each Receipt this Period  
 100.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Daniel I Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Byron Ridge Drive  
 City Albany State GA Zip Code 31721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 20 / 2011  
**Transaction ID : SA11AI.6362**  
 Amount of Each Receipt this Period 100.00

**B. Dr. Jeffrey Martinez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Stanford  
 City San Antonio State TX Zip Code 78212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peripheal Vascular Assocs Occupation Vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2011  
**Transaction ID : SA11AI.6343**  
 Amount of Each Receipt this Period 250.00

**C. Dr. Jeffrey Martinez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Stanford  
 City San Antonio State TX Zip Code 78212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peripheal Vascular Assocs Occupation Vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 20 / 2011  
**Transaction ID : SA11AI.6356**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel McGraw</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2011
Mailing Address 705 Garfield Avenue Suite 460		<b>Transaction ID : SA11AI.6312</b>
City Parkersburg      State WV      Zip Code 26101	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Camden Clark Mem Hosp, Phys Of	Occupation Vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Daniel McGraw</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2011
Mailing Address 705 Garfield Avenue Suite 460		<b>Transaction ID : SA11AI.6336</b>
City Parkersburg      State WV      Zip Code 26101	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Camden Clark Mem Hosp, Phys Of	Occupation Vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel McGraw</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2011
Mailing Address 705 Garfield Avenue Suite 460		<b>Transaction ID : SA11AI.6352</b>
City Parkersburg      State WV      Zip Code 26101	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Camden Clark Mem Hosp, Phys Of	Occupation Vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<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 32 OF 49
	<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. Dr. Wesley S. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 UCLA Medical Plaza  
Suite 510-6

City Los Angeles State CA Zip Code 90095

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

Name of Employer Gonda Vascular Center Occupation vascular surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 14 / 2011  
Transaction ID : SA11AI.6213

Amount of Each Receipt this Period  
500.00

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

Mailing Address 600 N. Cattlemen Road

City Sarasota State FL Zip Code 34232

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

Name of Employer Sarasota Vascular Specialists Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 19 / 2011  
Transaction ID : SA11AI.6281

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3800 Reservoir Road  
4 PHC

City Washington State DC Zip Code 20007

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

Name of Employer Georgetown Univ. Hospital Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 20 / 2011  
Transaction ID : SA11AI.6321

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Dr. John J. Ricotta**  
Full Name (Last, First, Middle Initial)

Mailing Address T19 HSC., RM 020, Dept. of Surgery

City Stony Brook	State NY	Zip Code 11794
---------------------	-------------	-------------------

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

Name of Employer SUNY @ Stony Brook	Occupation Vascular Surgeon
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2011

**Transaction ID : SA11AI.6268**

Amount of Each Receipt this Period  

80.00
-------

**B. Dr. John J. Ricotta**  
Full Name (Last, First, Middle Initial)

Mailing Address T19 HSC., RM 020, Dept. of Surgery

City Stony Brook	State NY	Zip Code 11794
---------------------	-------------	-------------------

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

Name of Employer SUNY @ Stony Brook	Occupation Vascular Surgeon
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2011

**Transaction ID : SA11AI.6294**

Amount of Each Receipt this Period  

80.00
-------

**C. Dr. John J. Ricotta**  
Full Name (Last, First, Middle Initial)

Mailing Address T19 HSC., RM 020, Dept. of Surgery

City Stony Brook	State NY	Zip Code 11794
---------------------	-------------	-------------------

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

Name of Employer SUNY @ Stony Brook	Occupation Vascular Surgeon
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2011

**Transaction ID : SA11AI.6313**

Amount of Each Receipt this Period  

80.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
	<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. Dr. John J. Ricotta**  
Full Name (Last, First, Middle Initial)

Mailing Address T19 HSC., RM 020, Dept. of Surgery

City Stony Brook	State NY	Zip Code 11794
---------------------	-------------	-------------------

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

Name of Employer SUNY @ Stony Brook	Occupation Vascular Surgeon
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2011

**Transaction ID : SA11AI.6338**

Amount of Each Receipt this Period  

80.00
-------

**B. Dr. Geoffrey L Risley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville	State FL	Zip Code 32210
----------------------	-------------	-------------------

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

Name of Employer Cardiothoracic & Vascular Ascs	Occupation Vascular surgeon
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.31**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2011

**Transaction ID : SA11AI.6228**

Amount of Each Receipt this Period  

208.33
--------

**C. Dr. Geoffrey L Risley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville	State FL	Zip Code 32210
----------------------	-------------	-------------------

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

Name of Employer Cardiothoracic & Vascular Ascs	Occupation Vascular surgeon
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2011

**Transaction ID : SA11AI.6269**

Amount of Each Receipt this Period  

208.33
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>496.66</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 35 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Dr. Geoffrey L Risley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville State FL Zip Code 32210

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

Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1874.97**

Date of Receipt **09 / 26 / 2011**

**Transaction ID : SA11AI.6295**

Amount of Each Receipt this Period **208.33**

**B. Dr. Geoffrey L Risley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville State FL Zip Code 32210

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

Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2083.30**

Date of Receipt **10 / 20 / 2011**

**Transaction ID : SA11AI.6314**

Amount of Each Receipt this Period **208.33**

**C. Dr. Geoffrey L Risley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Lake Shore Blvd

City Jacksonville State FL Zip Code 32210

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

Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2291.63**

Date of Receipt **11 / 29 / 2011**

**Transaction ID : SA11AI.6339**

Amount of Each Receipt this Period **208.33**

**SUBTOTAL** of Receipts This Page (optional)..... **624.99**

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

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

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

FOR LINE NUMBER: PAGE 36 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Geoffrey L Risley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 Lake Shore Blvd  
 City Jacksonville State FL Zip Code 32210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiothoracic & Vascular Ascs Occupation Vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 12 / 20 / 2011  
**Transaction ID : SA11AI.6358**  
 Amount of Each Receipt this Period 208.33

**B. Dr. Clifford M Sales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 433 Central Avenue  
 City Westfield State NJ Zip Code 07109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cardiovascular Care Group Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2011  
**Transaction ID : SA11AI.6252**  
 Amount of Each Receipt this Period 1000.00

**C. Dr. Larry Scher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111E. 210th Street  
 City Bronx State NY Zip Code 10467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montefiore Medical Center Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2011  
**Transaction ID : SA11AI.6211**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1458.33  
**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 37 OF 49
	<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 (Last, First, Middle Initial) <b>A. Dr. Joseph R. Schneider</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2011 <b>Transaction ID : SA11AI.6270</b>
Mailing Address 25 North Winfield Road		Amount of Each Receipt this Period 75.00
City Winfield	State IL	Zip Code 60190
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Dupage Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph R. Schneider</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2011 <b>Transaction ID : SA11AI.6296</b>
Mailing Address 25 North Winfield Road		Amount of Each Receipt this Period 75.00
City Winfield	State IL	Zip Code 60190
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Dupage Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph R. Schneider</b>		Date of Receipt MM / DD / YYYY 10 / 20 / 2011 <b>Transaction ID : SA11AI.6315</b>
Mailing Address 25 North Winfield Road		Amount of Each Receipt this Period 75.00
City Winfield	State IL	Zip Code 60190
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Dupage Hospital	Occupation vascular surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 38 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Joseph R. Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 North Winfield Road  
 City Winfield State IL Zip Code 60190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Dupage Hospital Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2011  
**Transaction ID : SA11AI.6340**  
 Amount of Each Receipt this Period  
 75.00

**B. Dr. Sunita D Srivastava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2671 Cranlyn Road  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cleveland Clinic Occupation Vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2011  
**Transaction ID : SA11AI.6234**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Sunita D Srivastava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2671 Cranlyn Road  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cleveland Clinic Occupation Vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.6324**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Michael A. Vasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 415 Tremont Street  
 City North Tonawanda State NY Zip Code 14120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed, Private Practic Occupation vascular surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2011  
**Transaction ID : SA11AI.6257**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Fred Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 San Pardo  
 City Los Angeles State CA Zip Code 90033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USC Occupation Vascular Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2011  
**Transaction ID : SA11AI.6341**  
 Amount of Each Receipt this Period  
 250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18219.98

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2011			

**Transaction ID : SB23.6395**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MAX BAUCUS**

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2011			

**Transaction ID : SB23.6413**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. BERKLEY FOR CONGRESS**

Mailing Address 3077 E WARM SPRINGS RD SUITE 300

City LAS VEGAS State NV Zip Code 89120

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			14			2011			

**Transaction ID : SB23.6392**

Amount of Each Disbursement this Period

1000.00
---------

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

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

5000.00
---------

--



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FREEDOM FUND**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2011

**Transaction ID : SB23.6383**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN BARRASSO**

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2011

**Transaction ID : SB23.6379**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CHARLES A. GONZALEZ**

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2011

**Transaction ID : SB23.6366**

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Gene Green Congressional Ctme**

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2011

Transaction ID : SB23.6408

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. S. BRETT HON. GUTHRIE**

Mailing Address 1005 WRENWOOD DRIVE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2011

Transaction ID : SB23.6400

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2011

Transaction ID : SB23.6390

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeb, Hon. Hensarling**

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	1

**Transaction ID : SB23.6396**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. WALLY HERGER**

Mailing Address PO BOX 1007

City WILLOWS State CA Zip Code 95988

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

**Transaction ID : SB23.6363**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. SAMUEL R HON. JOHNSON**

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

**Transaction ID : SB23.6370**

Amount of Each Disbursement this Period

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. LANCE FOR CONGRESS**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2011

Transaction ID : SB23.6381

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. LINCOLN PAC**

Mailing Address PO BOX A3968

City CHICAGO State IL Zip Code 60690

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2011

Transaction ID : SB23.6377

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Sue MYRICK FOR CONGRESS**

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2011

Transaction ID : SB23.6373

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frank Pallone for Congress**

Mailing Address P.O. Box 3167

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2011			

**Transaction ID : SB23.6409**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. ERIK PAULSEN**

Mailing Address POBOX 44369

City State Zip Code  
EDEN PRAIRIE MN 55344

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2011			

**Transaction ID : SB23.6398**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. NANCY PELOSI**

Mailing Address 235 Montgomery Street  
Suite 610

City State Zip Code  
San Francisco CA 94104

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			14			2011			

**Transaction ID : SB23.6394**

Amount of Each Disbursement this Period

2000.00
---------

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

5000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Tom PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2011

Transaction ID : SB23.6411

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Peter ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2011

Transaction ID : SB23.6371

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. ALLYSON Y. SCHWARTZ**

Mailing Address P.O. BOX 2232

City JENKINTOWN State PA Zip Code 19046

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2011

Transaction ID : SB23.6406

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PATRICK JOSEPH TOOMEY**

Mailing Address 5250 WHEATLAND DR

City ZIONSVILLE State PA Zip Code 18092

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2011

**Transaction ID : SB23.6404**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. EDOLPHUS TOWNS**

Mailing Address 286 HIGHLAND BOULEVARD

City BROOKLYN State NY Zip Code 11207

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2011

**Transaction ID : SB23.6403**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Fred UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2011

**Transaction ID : SB23.6368**

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Society for Vascular Surgery Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ed WHITFIELD FOR CONGRESS**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2011

Transaction ID : SB23.6367

Amount of Each Disbursement this Period

2000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2000.00
---------

46000.00
----------