

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American College of Surgeons Professional Association PAC

ADDRESS (number and street) 1640 Wisconsin Ave NW Washington DC 20007

2. FEC IDENTIFICATION NUMBER C00382424 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 19 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christian Shalgian

Signature of Treasurer Electronically Filed by Christian Shalgian Date 01 30 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Surgeons Professional Association PAC

Report Covering the Period: From:

M	M
1	1

D	D
1	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		104919.62
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	141103.51									
(c) Total Receipts (from Line 19)	28072.50	464852.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	169176.01	569771.62								
7. Total Disbursements (from Line 31)	-3692.07	396903.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	172868.08	172868.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From:

M	M
1	1

D	D
1	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	21585.00	363325.00
(ii) Unitemized	6487.50	96527.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28072.50	459852.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28072.50	459852.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
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 Transfer (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))	28072.50	464852.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28072.50	464852.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	307.93	7253.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	307.93	7253.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-4000.00	389500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	150.00
(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	150.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	-3692.07	396903.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-3692.07	396903.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	28072.50	459852.00
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28072.50	459702.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	307.93	7253.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	307.93	7253.54

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<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)
American College of Surgeons Professional Association PAC

A.	Full Name (Last, First, Middle Initial) Adnan Ali Alseidi		Date of Receipt
	Mailing Address Psc 482 Box 146		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Fleet Post Office	AP	96362-0199
	FEC ID number of contributing federal political committee. C		Transaction ID: FBC308B79D9A3821747
Name of Employer US Navy		Occupation Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 260.00

B.	Full Name (Last, First, Middle Initial) Subramaniam Balachandran		Date of Receipt
	Mailing Address 2903 S.William Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Atlanta	TX	75551-3279
	FEC ID number of contributing federal political committee. C		Transaction ID: 490FF4111A28A8C41B7
Name of Employer Self Employed		Occupation Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dennis Gerard Begos		Date of Receipt
	Mailing Address Suite 208 91 Montvale Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Stoneham	MA	02180-3649
	FEC ID number of contributing federal political committee. C		Transaction ID: 558164BFE3F7845F382
Name of Employer Self Employed		Occupation Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1260.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Ramon Berguer		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address Univ of California Davis Contra Costa Reg Med Center		Transaction ID: 371B4E5D75ED9C32CF0
City Martinez	State CA	
Zip Code 94553		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) L. Michael Brunt		Date of Receipt MM / DD / YYYY 12 / 18 / 2009
Mailing Address Washington University School of Me Campus Box 8109		Transaction ID: 718628AC5CC6694619C
City St. Louis	State MO	
Zip Code 63110		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Washington University Sch- ool of Medici	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Lynn Randolph Buckner		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address PO Box 1029 1405 Seventh Street Southeast		Transaction ID: 7CA0E7545EE63980B8B
City Decatur	State AL	
Zip Code 35602-1029		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Surgical Assoc. of North Alabama	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	865.00
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 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Emigdio A. Bucobo

Mailing Address 23 Stoothoff Drive

City State Zip Code
New Hyde Park NY 11040-3620

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 102F64C39110B8C5DB0

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
David William Burnsed

Mailing Address 1111 W Dixie Avenue

City State Zip Code
Leesburg FL 34748-6386

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 094B836084F9543C938

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David J. Carlson

Mailing Address Suite 520
520 Mary Street

City State Zip Code
Evansville IN 47710-1682

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

Name of Employer Evansville Surgical Assoc. Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: C1E23F41828C8DF37E4

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carla Maria Cassani

Mailing Address 800 Ringwood Avenue

City State Zip Code
Menlo Park CA 94025-2238

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 11CEAEC0EBFAFDB6E1B

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Kimberly Anne Davis

Mailing Address Yale University Department of Surg
330 Cedar Street Bb 310

City State Zip Code
New Haven CT 06520-8062

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

Name of Employer Yale University Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 330B711C24D3065CFD2

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sandra Dee Dickerson

Mailing Address 5109-94th Street

City State Zip Code
Lubbock TX 79424-4845

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

Name of Employer Lubbock Vein Specialists Occupation 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
1 2 / 0 9 / 2 0 0 9

Transaction ID: C48579CE2BFF93C10A4

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **915.00**

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 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daniel Patrick Doody
Mailing Address 2 Fletcher Road
City Lynnfield State MA Zip Code 01940-2224
FEC ID number of contributing federal political committee. **C**
Name of Employer Massachusetts General Hospital Occupation Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 16 / 2009
Transaction ID: BFDA2BBE2FBD1FE8CA5
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
A. Brent Eastman
Mailing Address 4275 Campus Point Court, Cp222
City San Diego State CA Zip Code 92121-1513
FEC ID number of contributing federal political committee. **C**
Name of Employer Scripps Health Occupation Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 30 / 2009
Transaction ID: D66F6F2A2D47AB6C9A2
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Gary L. Feinberg
Mailing Address 718 Shore Road
City Somers Point State NJ Zip Code 08244-2331
FEC ID number of contributing federal political committee. **C**
Name of Employer GFM Surgical Associates Occupation Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 30 / 2009
Transaction ID: 40AC0FBABFE8E6B982A
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) C. F. Fernandez-Del Castillo		Date of Receipt MM / DD / YYYY 12 / 03 / 2009
Mailing Address Massachusetts General Hospital Acc 460		Transaction ID: DBC10439FA232A0983D
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Massachusetts General Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Steven Fisher		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 75 Headland Drive		Transaction ID: D0F7E2F1A422F86C3DF
City Rancho Palos Verde	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Richard J. Fogler		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address Room 186 1 Brookdale Plaza		Transaction ID: 97D4DC6989400E23072
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brookdale Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert D. Fry

Mailing Address Pennsylvania Hosp Department of Su
301 South 8th Street

City Philadelphia State PA Zip Code 19106

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

Name of Employer University of Pennsylvania Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 18 / 2009
Transaction ID: FC3B939E2BCAF4E94F6
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
James Edgar Goodnight, Jr.

Mailing Address Department of Surgery
3rd Floor

City Sacramento State CA Zip Code 95817

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

Name of Employer UC Davis Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2009
Transaction ID: 0E741ECA9DDE35B202
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Randal Oliver Graham

Mailing Address Suite 501
501 19th Street

City Knoxville State TN Zip Code 37916-1874

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

Name of Employer Premeir Surgical Ass. LLC Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2009
Transaction ID: 62AEA37CC7BDF238DF7
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Darla Kae Granger		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address St. John Hosp and Med Center Prof Building Ii Suite 480		Transaction ID: F7D85535DB01CEC1930
City Detroit	State Zip Code MI 48236	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harper University Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mateo Villena Guanzon		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 511 Turnberry Drive		Transaction ID: EF1EFEBFF3531096E4F
City Scherverville	State Zip Code IN 46375-2927	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) John B. Hanks		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address Department of Surgery, Box 800709 University of Virginia Hospital		Transaction ID: 437DE4DE02D88821C3F
City Charlottesville	State Zip Code VA 22908-0001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer University of Va Hospital	Occupation Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
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 / 25
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
David Lawrence Harker

Mailing Address 243 Eastridge Lane

City Logan State UT Zip Code 84321-4999

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 25 / 2009

Transaction ID: 850648039E706A1EA1F

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Vendie Hudson Hooks, III

Mailing Address Suite 6500
1348 Walton Way

City Augusta State GA Zip Code 30901-5111

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2009

Transaction ID: BC9CD6C48DC5FE95807

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
David B. Hoyt

Mailing Address University of California, Irvine
City Tower Suite 700

City Orange State CA Zip Code 92868

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

Name of Employer UC Irving Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2009

Transaction ID: B0E07AC6DA6F2149810

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

A.	Full Name (Last, First, Middle Initial) Christian Knecht	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address 1110 Lancaster Road #3	Transaction ID: 755E8E7FBCA17E478BC
	City Richmond State KY Zip Code 40475-8792	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Central Kentucky Surgery Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Michael David Lara	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 12244 Coral Gate Drive	Transaction ID: 49E45F06443947AC9BE
	City El Paso State TX Zip Code 79936-8610	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Martin Andrew Luchtefeld	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address Suite 205 4100 Lake Drive Southeast	Transaction ID: 43B5FE326150459A986
	City Grand Rapids State MI Zip Code 49546-8292	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dennis W. Maier

Mailing Address 2900 12th Avenue N,
Suite 355W

City State Zip Code
Billings MT 59101-7589

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

Name of Employer Surgical Associates Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 079685421340F53F392

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michael Robert Marohn

Mailing Address Johns Hopkins Univ Sch of Med
Department of Surg/ Blalock 1222/

City State Zip Code
Baltimore MD 21287-0001

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

Name of Employer Johns Hopkins Univeristy Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 4C17F294C27C811DED5

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David John Martini

Mailing Address 79 Highland Avenue

City State Zip Code
Salem MA 01970-2711

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

Name of Employer Mass General Physicians Org. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 127083D63237EACC31D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Lamar McGinnis, Jr.

Mailing Address 2045 River North Run Northwest

City Atlanta State GA Zip Code 30328-1138

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 122376E970EEA14468D

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Vincent Paul Miraglia

Mailing Address 2398 Southeast Ocean Boulevard #A

City Stuart State FL Zip Code 34996-3310

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 597BCD11DEFFAAA6862

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Stephen Wayne Myrick

Mailing Address 346 Maine Street

City Lawrence State KS Zip Code 66044-1393

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2009

Transaction ID: 98254D8350E8B471746

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Patrick O'Leary

Mailing Address Florida International University C
11200 Southwest 8th Street, Hills

City State Zip Code
Miami FL 33199-0001

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

Name of Employer Occupation
Florida International University Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: B858ABBF04C677D7F0F

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark B. Orringer

Mailing Address University of Michigan Medical Cen
1500 East Medical Center

City State Zip Code
Ann Arbor MI 48109

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

Name of Employer Occupation
University of Michigan Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: E3EB5AC7EF1797FC86A

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Adrian Edward Park

Mailing Address 22 South Greene Street, S4B14

City State Zip Code
Baltimore MD 21201-1544

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

Name of Employer Occupation
University of Kentucky Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: A17FBE6200E5C69193C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Karl Podratz

Mailing Address Mayo Clinic
200 1st Street Southwest

City State Zip Code
Rochester MN 55905-0001

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

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: A8629D9A680DD7EA238

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Timothy Hurst Pohlman

Mailing Address 225 East North Street
Apt. 2900

City State Zip Code
Indianapolis IN 46204-1327

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

Name of Employer SWMC Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: 7E9DD9EDD9442091EA3

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
John William Poole

Mailing Address 240 Sunset

City State Zip Code
Ridgewood NJ 07450-2421

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

Name of Employer Holy Name Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 6A604987BC31DEC0B3C

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3115.00**

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 20 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kerry V. Rifkin

Mailing Address 3815 Eldridge Avenue

City State Zip Code
Orange Park FL 32073-2154

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 016EC182C9332949BA7

Amount of Each Receipt this Period
750.00

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

Mailing Address 2451 Fillingim Street

City State Zip Code
Mobile AL 36617-2238

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

Name of Employer University of South Alabama Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 0C3A9ACE47DF993044E

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Pon Satitpunwaycha

Mailing Address Suite 101
11301 Fallbrook Drive

City State Zip Code
Houston TX 77065-4269

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: A046D5A3E4530865AB9

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David M. Schaffzin

Mailing Address 1935 Route 70 E

City State Zip Code
Cherry Hill NJ 08003-2117

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

Name of Employer Occupation
Vivtna Surgical Group Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: 695D470A7E6DE79956D

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lauren Ann Schnaper

Mailing Address Greater Baltimore Medical Center
Suite 5140

City State Zip Code
Baltimore MD 21204

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: 655F5988D39A1AD0FE7

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Howard M. Snyder, III

Mailing Address Division of Urology
Children's Hospital of Philadelphi

City State Zip Code
Philadelphia PA 19104

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: A4E66590E3B5609EBD4

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Scott C. Thornton		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address Suite 215 1305 Post Road		Transaction ID: FAD24AD33E3E99116A9
City Fairfield	State Zip Code CT 06824-6016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Sakae Uehara		Date of Receipt MM / DD / YYYY 11 / 25 / 2009
Mailing Address 178 Naniloa Drive		Transaction ID: C824441CD8C38394BEE
City Wailuku	State Zip Code HI 96793-2414	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) John Jacob Verghese		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address Department of Surgery Tripler Amc Jarrett White Road		Transaction ID: 49860B6D3448F7D11C9
City Honolulu	State Zip Code HI 96859	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Army	Occupation Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) William Alfred Walker		Date of Receipt MM / DD / YYYY 12 / 02 / 2009
Mailing Address Suite 201 2015 Randolph Road		Transaction ID: A838FC82E47CA5B165B
City Charlotte	State NC	Zip Code 28207-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dennis Yung Kuang Wen		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address Suite 305 901 Center Street		Transaction ID: 557F70DD53B1C256D06
City Elgin	State IL	Zip Code 60120-2130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer EBNS	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Gary Brian Williams		Date of Receipt MM / DD / YYYY 12 / 18 / 2009
Mailing Address the Professional Center Suite 405		Transaction ID: B85AC7C6587CB844ACA
City Akron	State OH	Zip Code 44304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	21585.00

**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)

PAGE 24 / 25

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: V43B305C37AC82CF268D
	Mailing Address PO BOX 53582	Date of Disbursement 12 / 04 / 2009
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period 231.34
	Purpose of Disbursement Bank fee for using AmEx as contribution source	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Oak Brook Bank	Transaction ID: VD2201B4EA93B2512B01
	Mailing Address 1400 16th Street	Date of Disbursement 12 / 03 / 2009
	City Oak Brook State IL Zip Code 60521	Amount of Each Disbursement this Period 76.59
	Purpose of Disbursement Bank fee for using Visa/MC as contribution source	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	307.93
TOTAL This Period (last page this line number only)	307.93

**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)

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<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)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez <hr/> Mailing Address 1212 S. Victory Blvd Suite 211 <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Linda T. Sanchez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DC6580C2D67C7F68575 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type 011
B. Full Name (Last, First, Middle Initial) Glacier PAC <hr/> Mailing Address 3242 Cummins Way Suite 603 <hr/> City Missoula State MT Zip Code 59802 <hr/> Purpose of Disbursement Voided 9/22/09 Disbursement Candidate Name Glacier PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Void	Transaction ID: E8F20E68659B3EA738B Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period -5000.00 <hr/> Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

-4000.00

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

-4000.00