

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 Society for Vascular Surgery Political Action Committee

ADDRESS (number and street) 633 N. St. Clair St. 24th Floor Chicago IL 60611 Check if different than previously reported. (ACC)

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

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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2008 through 06 30 2008

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 Dr. Robert Zwolak

Signature of Treasurer Electronically Filed by Dr. Robert Zwolak Date 07 15 2008

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 table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Society for Vascular Surgery Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		15343.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	22628.36									
(c) Total Receipts (from Line 19) .....	36725.00	55510.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59353.36	70853.36								
7. Total Disbursements (from Line 31) .....	12000.00	23500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47353.36	47353.36								
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: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	31150.00	44150.00
(i) Itemized (use Schedule A) .....	5575.00	11360.00
(ii) Unitemized .....	36725.00	55510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36725.00	55510.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	36725.00	55510.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36725.00	55510.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	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.....	12000.00	23500.00
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	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) 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))..	12000.00	23500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	23500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	36725.00	55510.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36725.00	55510.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Azeez Adeduntan		Date of Receipt		
	Mailing Address 435 Hawthorne Ave Suite 600		M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 8		
	City Athens	State GA	Zip Code 30606	<b>Transaction ID:</b> SA11AI.4722	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Victory Vascular & Gen Surgery		Occupation Vascular surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen Annest		Date of Receipt		
	Mailing Address 1601 E. 19th Ave Suite 3950		M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 8		
	City Denver	State CO	Zip Code 80818	<b>Transaction ID:</b> SA11AI.4703	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Vasc. Inst. of the Rockies		Occupation Vascular Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. J. Dennis Baker		Date of Receipt		
	Mailing Address Surg Svc. 10H2		M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 8		
	City Los Angeles	State CA	Zip Code 90073	<b>Transaction ID:</b> SA11AI.4636	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer VA Medical Center		Occupation Vascular Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 28  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Beezley

Mailing Address 7420 Switzer

City State Zip Code  
Shawnee KS 66203

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

Name of Employer Private Practice Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

Transaction ID: SA11AI.4802

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Clifford Buckley

Mailing Address 2401 S. 31st Street

City State Zip Code  
Temple TX 76508

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

Name of Employer Scott & White Hospital Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: SA11AI.4686

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jason Burgess

Mailing Address 1416 E. MoreHead Suite 20

City State Zip Code  
Charlotte NC 28204

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

Name of Employer Dilworth Surgical Specialists Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: SA11AI.4657

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Keith Calligaro	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 700 Spruce Street Suite 101	<b>Transaction ID:</b> SA11AI.4645
	City Philadelphia State PA Zip Code 19106	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pennsylvania Hospital Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Cambria	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 15 Parkman Street	<b>Transaction ID:</b> SA11AI.4651
	City Boston State MA Zip Code 02114	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Patrick Clagett	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 5321 Harry Hines Way	<b>Transaction ID:</b> SA11AI.4795
	City Dallas State TX Zip Code 75390	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Univ. of TX Southwestern Occupation vascular surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 28
(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)  
Society for Vascular Surgery Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. J. Thomas Crepps		Date of Receipt	
	Mailing Address 175 S. Union Blvd		M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4616
	Colorado Springs	CO	80910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Colorado Springs Vascular		Occupation vascular surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Carlo Dall'Olmo		Date of Receipt	
	Mailing Address 5020 W. Bristol Road		M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4738
	Flint	MI	48507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
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 ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michael A. Drummond		Date of Receipt	
	Mailing Address 817 Princeton Ave., SW Suite 306		M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4692
	Birmingham	AL	35211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
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		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William Edwards, Jr.	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 4230 Harding Road Suite 525	<b>Transaction ID:</b> SA11AI.4766
	City Nashville State TN Zip Code 37205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer The Surgical Clinic Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Bruce Elliott	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 96 Jonathan Lucas St.	<b>Transaction ID:</b> SA11AI.4659
	City Charleson State SC Zip Code 29425	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Medical Univ. of SC Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Peter L Faries	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 6 Red Oak Drive	<b>Transaction ID:</b> SA11AI.4639
	City Rye State NY Zip Code 10580	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Private Practice Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Mark F Fillinger		Date of Receipt MM / DD / YYYY 05 / 16 / 2008
Mailing Address 1 Medical Center Drive		<b>Transaction ID:</b> SA11AI.4688
City Lebanon	State NH	Zip Code 03756
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Dartmouth Hitchcock Med Ctr	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Nicholas D. Garcia		Date of Receipt MM / DD / YYYY 04 / 11 / 2008
Mailing Address 7 Dearborn Brook Circle		<b>Transaction ID:</b> SA11AI.4612
City Exeter	State NH	Zip Code 03833
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Peter Gloviczki		Date of Receipt MM / DD / YYYY 06 / 18 / 2008
Mailing Address 200 First Street SW		<b>Transaction ID:</b> SA11AI.4770
City Rochester	State MN	Zip Code 55905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 28
	(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)  
Society for Vascular Surgery Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. John Golan	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 495 Central Ave. Suite 200	<b>Transaction ID:</b> SA11AI.4626
	City Northfield State IL Zip Code 60093	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer North Shore Vascular Assocs. Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Vivienne Halpern	Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 1999 Marcus Ave Suite 106	<b>Transaction ID:</b> SA11AI.4786
	City New Hyde Park State NY Zip Code 11042	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NS-LIJ Health System Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Harrington	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 1890 LPGA Blvd Suite 250	<b>Transaction ID:</b> SA11AI.4764
	City Daytona Beach State FL Zip Code 32117	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Surgical Assocs. of Volusia Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 28
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen J. Hoenig	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address John Cumming Bldg., #770 131 Ornac	<b>Transaction ID:</b> SA11AI.4705
	City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Emerson Hospital Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Ibrahim Ibrahim	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 350 Eagle Street Suite 2E	<b>Transaction ID:</b> SA11AI.4796
	City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Bergen Laparoscopy & Bari- atric Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John R. Kingsley	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 700 Montgomery Hwy Suite 210	<b>Transaction ID:</b> SA11AI.4614
	City State Zip Code Vestavia AL 35216	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Alabama Vascular & Vein Ctr Occupation Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<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 14 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. John Kirkland	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 504 Redmond Road	<b>Transaction ID:</b> SA11AI.4754
	City State Zip Code Rome GA 30165	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: The Harbin Clinic Occupation: vascular surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marvin Kuehner	Date of Receipt MM / DD / YYYY 04 / 21 / 2008
	Mailing Address 9802 Country Road	<b>Transaction ID:</b> SA11AI.4632
	City State Zip Code Marshfield WI 54449	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Private Practice Occupation: Vascular Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Peter F. Lawrence	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 10380 Wilshire Blvd. Apt. 1501	<b>Transaction ID:</b> SA11AI.4621
	City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</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: PAGE 15 / 28  
(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)  
Society for Vascular Surgery Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Dr. Gary W Lemmon		Date of Receipt MM / DD / YYYY 05 / 09 / 2008
Mailing Address 2200 Philadelphia Dr. Suite 400		<b>Transaction ID:</b> SA11AI.4665
City Dayton	State OH	Zip Code 45406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Good Samaritan Hosp	Occupation Vascular 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) Dr. Michael P Lilly		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
Mailing Address 22 S. Greene Street Room N4W66		<b>Transaction ID:</b> SA11AI.4800
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Maryland Ho- sp	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Richard A Lynn		Date of Receipt MM / DD / YYYY 06 / 02 / 2008
Mailing Address 1411 N. Flagler Drive Suite 9700		<b>Transaction ID:</b> SA11AI.4732
City West Palm Beach	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Private Practice	Occupation Vascular Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28  
(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)  
Society for Vascular Surgery Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Andre E Maginot

Mailing Address 3791 Katella Ave  
Suite 201

City State Zip Code  
Los Alamitos CA 90720

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

Name of Employer: Vascular & Gen. Surgery Assocs  
Occupation: Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

Transaction ID: SA11AI.4714

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph Magnant

Mailing Address 1510 Royal Palm Square Blvd

City State Zip Code  
Ft. Meyers FL 33919

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

Name of Employer: Vein Specialists at Royal Palm  
Occupation: Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

Transaction ID: SA11AI.4628

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. John McNamara

Mailing Address 23451 Madison Street

City State Zip Code  
Torrance CA 90505

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

Name of Employer: Assn. of South Bay Surgeons  
Occupation: vascular surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2008

Transaction ID: SA11AI.4778

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 / 28

(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)  
Society for Vascular Surgery Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Donna Mendes

Mailing Address 1090 Amsterdam Ave  
Suite 8F

City State Zip Code  
New York NY 10025

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

Name of Employer Occupation  
Private Practice Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4781

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert G. Molnar

Mailing Address G-5020 W. Bristol Road

City State Zip Code  
Flint MI 48507

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

Name of Employer Occupation  
Michigan Vascular Center 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  
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.4697

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mark W. Moritz

Mailing Address 95 Madison Ave.

City State Zip Code  
Morristown NJ 07960

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

Name of Employer Occupation  
Surgical Specs. of NJ 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  
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4602

Amount of Each Receipt this Period

250.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28  
(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)  
Society for Vascular Surgery Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. William A. Newton

Mailing Address 1401 Harrod Street

City Lexington State KY Zip Code 40504

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

Name of Employer United Surgical Associates 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  
 0 4 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.4604

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Ralph Pfeiffer, Jr.

Mailing Address 171 Mobile Infirmary Blvd

City Mobile State AL Zip Code 36607

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

Name of Employer Vascular Specialists of Mobile Occupation vascular surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 2 / 2 0 0 8

**Transaction ID:** SA11AI.4760

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 1 Medical Center Drive

City Lebanon State NH Zip Code 03756

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

Name of Employer Dartmouth Hitchcock Med Ctr Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.4784

Amount of Each Receipt this Period  
300.00

**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: PAGE 19 / 28  
(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)  
Society for Vascular Surgery Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Hiranya Rajasinghe

Mailing Address 2450 Goodlette Road  
suite 102

City State Zip Code  
Naples FL 34103

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

Name of Employer Anchor Health Centers Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

Transaction ID: SA11AI.4680

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Simon B Rayhanaba

Mailing Address 3791 Katella Ave  
Suite 201

City State Zip Code  
Los Alamitos CA 90720

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

Name of Employer Vascular & Gen. Surgery Assocs Occupation Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

Transaction ID: SA11AI.4716

Amount of Each Receipt this Period  
1000.00

**C.**

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

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

City State Zip Code  
Stony Brook NY 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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2008

Transaction ID: SA11AI.4783

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 28  
(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)  
Society for Vascular Surgery Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Clifford M Sales

Mailing Address 433 Central Avenue

City State Zip Code  
Westfield NJ 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  
MM / DD / YYYY  
06 / 18 / 2008

Transaction ID: SA11AI.4774

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Larry Scher

Mailing Address 111E. 210th Street

City State Zip Code  
Bronx NY 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  
MM / DD / YYYY  
05 / 27 / 2008

Transaction ID: SA11AI.4728

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. William L. Schickler

Mailing Address 4765 Ogletown Stanton Rd  
Suite 1E20

City State Zip Code  
Newark DE 19713

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

Name of Employer  
Christiana Care Vascular Specs

Occupation  
Vascular Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

Transaction ID: SA11AI.4594

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 28

(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)  
Society for Vascular Surgery Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gary Seabrook		Date of Receipt MM / DD / YYYY 06 / 06 / 2008		
	Mailing Address 9200 W. Wisconsin		<b>Transaction ID:</b> SA11AI.4745		
	City Milwaukee	State WI	Zip Code 53326	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Medical College of Wisconsin	Occupation Vascular Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew J. Sideman		Date of Receipt MM / DD / YYYY 06 / 06 / 2008		
	Mailing Address 4502 E. 41st. Street		<b>Transaction ID:</b> SA11AI.4747		
	City Tulsa	State OK	Zip Code 74135-2512	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Tulsa Ok College of Medicine	Occupation Vascular Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Anton Sidway		Date of Receipt MM / DD / YYYY 05 / 22 / 2008		
	Mailing Address 50 Irving street		<b>Transaction ID:</b> SA11AI.4696		
	City Washington	State DC	Zip Code 20422	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Washington Hospital Cente	Occupation vascular surgeon	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 28

(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)  
Society for Vascular Surgery Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Trachtenberg

Mailing Address 923 Stevens Creek Circle

City State Zip Code  
Forsyth IL 62535

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

Name of Employer Occupation  
Private Practice 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  
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.4606

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Argyrios Tzilinis

Mailing Address 2450 GoodLette Road  
Suite 102

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Anchor Health Centers 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  
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.4678

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Vaughn

Mailing Address 2204 S. Dobson Road  
Suite 204

City State Zip Code  
Mesa AZ 85202

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

Name of Employer Occupation  
Arizona Vascular Surgery 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  
0 6 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.4761

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 23 / 28  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas Wakefield

Mailing Address 1500 E. Medical Center Drive

City State Zip Code  
Ann Arbor MI 48109

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

Name of Employer Occupation  
Univ. of MI Medical Center Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2008

Transaction ID: SA11AI.4788

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Daniel Walsh

Mailing Address One Medical Center Dr

City State Zip Code  
Lebanon NH 03756

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

Name of Employer Occupation  
Dartmouth-Hitchcock Med. Ctr Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

Transaction ID: SA11AI.4674

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Fred Weaver

Mailing Address 1510 San Pardo

City State Zip Code  
Los Angeles CA 90033

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

Name of Employer Occupation  
USC Vascular Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.4672

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 24 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Ralph C Whalen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8		
	Mailing Address 2109 Hughes Drive Suite 450		<b>Transaction ID:</b> SA11AI.4790		
	City Toledo	State OH	Zip Code 43606	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Toledo Vascular Institute	Occupation Vascular Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>31150.00</b>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MAX BAUCUS</b></p> <p>Mailing Address <b>PO BOX 586</b></p> <p>City <b>HELENA</b> State <b>MT</b> Zip Code <b>59624</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;"> </span></p> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MT</b> District: <b>00</b></p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4810 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	5	/	2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Michael BURGESS FOR CONGRESS</b></p> <p>Mailing Address <b>PO Box 2334</b></p> <p>City <b>Denton</b> State <b>TX</b> Zip Code <b>76202</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;"> </span></p> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>26</b></p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4818 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	9	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	9	/	2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Russell Feingold</b></p> <p>Mailing Address <b>PO BOX 620062</b></p> <p>City <b>MIDDLETON</b> State <b>WI</b> Zip Code <b>53562</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;"> </span></p> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b></p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4816 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	9	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	9	/	2	0	0	8													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"><b>3000.00</b></td></tr></table>	<b>3000.00</b>
<b>3000.00</b>		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**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 26 / 28

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

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

A.	Full Name (Last, First, Middle Initial) CHARLES E GRASSLEY	Transaction ID: SB23.4819 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 1000.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gene Green	Transaction ID: SB23.4813 Date of Disbursement 05 / 05 / 2008
	Mailing Address PO BOX 16128	Amount of Each Disbursement this Period 2000.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dr. Stephen J. Hoenig	Transaction ID: SB23.4821 Date of Disbursement 06 / 25 / 2008
	Mailing Address John Cumming Bldg., #770 131 Ornac	Amount of Each Disbursement this Period 1000.00
	City Concord State MA Zip Code 01742	
	Purpose of Disbursement	Category/Type
	Candidate Name AMERIPAC: THE FUND FOR A GREATER AMERICA	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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)

PAGE 27 / 28

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

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

A.

Full Name (Last, First, Middle Initial)  
Tom PRICE FOR CONGRESS

Transaction ID: SB23.4820  
Date of Disbursement

Mailing Address P.O. Box 425

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City Roswell State GA Zip Code 30077

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: GA District: 06  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
JOHN M SHIMKUS

Transaction ID: SB23.4815  
Date of Disbursement

Mailing Address 504 Sumner Boulevard

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

City Collinsville State IL Zip Code 62234

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: IL District: 19  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Gordon Smith

Transaction ID: SB23.4806  
Date of Disbursement

Mailing Address 228 S WASHINGTON STREET SUITE 115

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name  
GORDON HAROLD SMITH

Category/  
Type

Office Sought:  House  Senate  President  
State: OR District: 00  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 28

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

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

A.

Full Name (Last, First, Middle Initial)  
MIKE MR. THOMPSON

Transaction ID: SB23.4812  
Date of Disbursement

Mailing Address P O Box 1998

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	8

City State Zip Code  
St. Helena CA 94574

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement

--

Category/  
Type

Candidate Name

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

2000.00
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TOTAL This Period (last page this line number only) ..... ►

12000.00
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