

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 59
	<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. David V. Feliciano
Full Name (Last, First, Middle Initial)

Mailing Address Indiana University School of Medic

City Indianapolis	State IN	Zip Code 46202
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FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University	Occupation Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 499F1EF1B2B00A72AA1

Amount of Each Receipt this Period
500.00

B. Louis Fox
Full Name (Last, First, Middle Initial)

Mailing Address 7777 Forest Ln
C-865

City Dallas	State TX	Zip Code 75230-2571
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

Transaction ID : 94BAEFE520923696AF9

Amount of Each Receipt this Period
250.00

C. Neil Barry Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 301 Saint Paul Pl
the Breast Center at Mercy

City Baltimore	State MD	Zip Code 21202-2120
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center	Occupation Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Transaction ID : DD06253ABA40635607D

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).....▶	