



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)  20 F St NW, Ste 1000

Check if different than previously reported. (ACC) Attn: Sara Morse

Washington DC 20001

2. **FEC IDENTIFICATION NUMBER**  CITY  STATE  ZIPCODE 

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day POST -Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period through

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

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)
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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	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		181224.44
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	243469.75									
(c) Total Receipts (from Line 19)	64645.00	548700.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	308114.75	729924.70								
7. Total Disbursements (from Line 31)	182880.00	604689.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125234.75	125234.75								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	50550.00	434915.00
(ii) Unitemized	14095.00	113785.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	64645.00	548700.26
(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)	64645.00	548700.26
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))	64645.00	548700.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64645.00	548700.26

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.....	0.00	8259.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	8259.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	411500.00
24. Independent Expenditure (use Schedule E)	182880.00	182880.00
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	2050.00
(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	2050.00
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))..	182880.00	604689.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	182880.00	604689.95

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)	64645.00	548700.26
34. Total Contribution Refunds (from Line 28(d))	0.00	2050.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64645.00	546650.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	8259.95
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	8259.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44
(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

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)
Deborah L. Aaron

Mailing Address PO Box 31877

City State Zip Code
Santa Fe NM 87594-1877

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ketchikan General Hospital Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 7FF3DC8E602DD41A756

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Roxie Mae Albrecht

Mailing Address Univ of Oklahoma Health Sciences C
Williams Pavilion Building, Room 2

City State Zip Code
Oklahoma City OK 73104

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
10 / 07 / 2010

Transaction ID: 93BDABD61FA08082AC7

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Sharon Liebe Bachman

Mailing Address Department of Surgery
Dc075.00

City State Zip Code
Columbia MO 65212-0001

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 ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 1B8BE8E38CA4437651E

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 7 / 44
(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) Patrick Vance Bailey		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 2601 E Roosevelt St Mihs Department of Surgery		Transaction ID: EA3C9D24A901C6FCCEF
City Phoenix	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 1600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Linda Marie Barney		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address Center for Health Education Suite 7000		Transaction ID: ED89EB31EC3495CC240
City Dayton	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wright State University	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) M. Srinivas Bhandarkar		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address Henry Ford Medical Center General Surgery, Suite #107,		Transaction ID: 922ECD0BDA73275507A
City Dearborn	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Henry Ford Health System	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)	800.00
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 / 44
(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)
Desmond H. Birkett

Mailing Address Lahey Medical Ctr
Department of General Surgery

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Clinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 869DB20107C4FC1A874
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
David A. Bloom

Mailing Address University of Mich Department Urol
3875 Tc Space 5330

City Ann Arbor State MI Zip Code 48109-5330

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

Name of Employer University of Mich Department Ped Urol Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 0203E1F5B05B600AAF5
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Samuel Britt, II

Mailing Address 3001 N Elm St

City Lumberton State NC Zip Code 28358-2984

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

Name of Employer Lumberton Surgical CLinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010
Transaction ID: CAA7463C2F9BA49DBC
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 9 / 44

(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 J. Bromberg

Mailing Address 4700 Waters Ave

City State Zip Code
Savannah GA 31404-6220

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

Name of Employer Occupation
Memorial University Med Surgeon
Center

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

Date of Receipt

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

Transaction ID: 24DE73DE03A12DF8A84

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Bruce Douglas Browner

Mailing Address Medical Arts and Research Building
Department of Orthopaedic Surgery

City State Zip Code
Farmington CT 06034-4037

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

Name of Employer Occupation
University of Connecticut Surgeon

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

Date of Receipt

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

Transaction ID: 17C1A2378D49F072341

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Reginald Arthur Burton

Mailing Address 2300 S 16th St

City State Zip Code
Lincoln NE 68502-3704

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

Name of Employer Occupation
Bryan LGH Medical Center Surgeon

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

Date of Receipt

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

Transaction ID: AFF1CF0A2C7BF87444E

Amount of Each Receipt this Period
1000.00

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 10 / 44
(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)
Thomas Karl Byrne

Mailing Address 25 Courtenay Dr
Msc 290

City Charleston State SC Zip Code 29425-8911

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 ▼ 600.00

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

Transaction ID: 4A0C89EA26A54ED621B

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Peter Anthony Caravella

Mailing Address 8817 Cortile Dr

City Las Vegas State NV Zip Code 89134-6153

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

Transaction ID: 9254EA639507D0BBCE0

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Linda Murray Cardinal

Mailing Address 3853 Inverness Rd

City Fairfax State VA Zip Code 22033-4607

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

Name of Employer MAPMG 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: E370341EF218752C881

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 / 44
(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)
Gregory Spicer Cherr

Mailing Address Suny-Buffalo
Department of Surgery Room C317

City Buffalo State NY Zip Code 14203

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

Name of Employer SUNY Buffalo 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: 11BD3F02329968334F6

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Tampa General Cir
Ste G-417

City Tampa State FL Zip Code 33606-3571

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

Name of Employer Univ of South Florida 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: 1E072B51DD48D13FB91

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Scott Coates

Mailing Address 1028 S Denman Ave

City Chanute State KS Zip Code 66720-2540

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: 9A5B5DE6356619EF80C

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 12 / 44
(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)
Amalia Lenora Cochran

Mailing Address Sun
Department of Surgery, Rm 3B110

City State Zip Code
Salt Lake City UT 84132-0001

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 ▼
1000.00

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

Transaction ID: 2329579830495FB7D38

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Raul Coimbra

Mailing Address 200 W Arbor Dr
Mail Code 8896

City State Zip Code
San Diego CA 92103-9000

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

Name of Employer Univ of CA San Diego 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 0 / 0 8 / 2 0 1 0

Transaction ID: F7E72FE85BC1D5AFEBF

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Byron F. Cook

Mailing Address 703 E Marshall Ave
Ste 4003

City State Zip Code
Longview TX 75601-5500

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 0 / 0 7 / 2 0 1 0

Transaction ID: 221187C7FA793469A4D

Amount of Each Receipt this Period
250.00

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 13 / 44
(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)
Edward E. Cornwell, III

Mailing Address Howard Univ Hosp
2041 Georgia Avenue, Northwest, St

City Washington State DC Zip Code 20060-0001

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

Name of Employer Howard University Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 5CFD08829224453D7C3

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Robert K. Dahl

Mailing Address 2816 S Saint Francis Ln

City Sioux Falls State SD Zip Code 57103-4672

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 10 / 07 / 2010
Transaction ID: 5FA2A033C2652F15CFA

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Carlo Augusto Dall'olmo

Mailing Address 5020 W Bristol Rd

City Flint State MI Zip Code 48507-2919

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

Name of Employer Michigan Vascular Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 958EDA6F8A5C2EBD2EF

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 14 / 44
	<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) Michael Cletus Dalsing	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 1801 Senate Blvd Mpc-2, Suite 3500	Transaction ID: 1FD506F750421D016B7
	City Indianapolis State IN Zip Code 46202-1228	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Indiana University School of Medicine 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) John Scott Davis	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 8213 Taos Paseo Ave	Transaction ID: A16BC64EBE009249FE9
	City Las Vegas State NV Zip Code 89128-8203	Amount of Each Receipt this Period 500.00
	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 500.00	

C.	Full Name (Last, First, Middle Initial) Phillip A. Dean	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 5415 Fashion Square Blvd Midmichigan Surgical Specialists	Transaction ID: 38A7171B85AAC142232
	City Saginaw State MI Zip Code 48604-8200	Amount of Each Receipt this Period 2500.00
	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 2500.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
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 15 / 44
(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)
Jaime S. Diamonon
Mailing Address 14110 Cindywood Cir
City Houston State TX Zip Code 77079-6804
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 10 / 07 / 2010
Transaction ID: B92ABB91919D119058B
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Robert Mark Dixon
Mailing Address PO Box 2160
City Litchfield Park State AZ Zip Code 85340-2160
FEC ID number of contributing federal political committee. **C**
Name of Employer US Air Force Occupation Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 07 / 2010
Transaction ID: 4FDB729439632190A1A
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Warren Charles Dorlac
Mailing Address 1319 Suncrest Dr
City Cincinnati State OH Zip Code 45208-2512
FEC ID number of contributing federal political committee. **C**
Name of Employer USAF Occupation Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 08 / 2010
Transaction ID: 0FD37CCA5D2C605B883
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00
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 / 44
(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)
Jay Joseph Doucet

Mailing Address 1101 Stratford Ave

City State Zip Code
South Pasadena CA 91030-3417

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

Name of Employer Occupation
Univ of CA Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2010

Transaction ID: A7AB399AF38B735C6E4

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Simon Paul Drew

Mailing Address 140 Hospital Dr Ste 203

City State Zip Code
Bennington VT 05201-5015

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

Name of Employer Occupation
SVHC Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: A63F8D46C5FF24D019F

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gary Don Dunn

Mailing Address 920 Stanton L Young Blvd Wp 2140

City State Zip Code
Oklahoma City OK 73104-5033

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

Name of Employer Occupation
OUHSC Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 81BCFAFCF6DB7A0269F

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 / 44

(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) Julie Dunn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0		
	Mailing Address East Tennessee State University Department of Surgery		Transaction ID: 3E0662EA6936840DABD		
	City Johnson City	State TN	Zip Code 37614	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer East Tennessee State University		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) Joshua David Israel Ellenhorn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0		
	Mailing Address 1500 Duarte Rd City of Hope National Medical Cent		Transaction ID: 9A8F2998370CF2BF85E		
	City Duarte	State CA	Zip Code 91010-3012	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer City of Hope National Medical Center		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) Blaine L. Enderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0		
	Mailing Address 1924 Alcoa Hwy Ste U-11		Transaction ID: 5C8F553BF0077CBBFC4		
	City Knoxville	State TN	Zip Code 37920-1511	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University General Surgeons		Occupation Surgeon		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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 / 44
(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) Stephen Edmund Ettinghausen		Date of Receipt MM / DD / YYYY 10 / 07 / 2010	
Mailing Address 1415 Portland Ave Ste 245		Transaction ID: C446AA421A2914716F2	
City Rochester	State NY	Zip Code 14621-3022	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Rochester	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) Steven Eyer		Date of Receipt MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 2531 E 6th St		Transaction ID: C662A3E09F3D4337D12	
City Duluth	State MN	Zip Code 55812-1404	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 ▼ 350.00		

C.

Full Name (Last, First, Middle Initial) Stephen Francis Flaherty		Date of Receipt MM / DD / YYYY 10 / 04 / 2010	
Mailing Address 7635 McArtans Frd		Transaction ID: E8DD5DF3748520CBF24	
City Linden	State NC	Zip Code 28356-8854	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cape Fear Valley Health System	Occupation Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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 / 44
(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)
H. Stephen Fletcher

Mailing Address 200 S Orange Ave
Ste 203

City Livingston State NJ Zip Code 07039-5817

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 ▼ 600.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 069A99D7B4F2646CC23

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Roger S. Foster, Jr.

Mailing Address 395 Stevenson Rd

City New Haven State CT Zip Code 06515-2470

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

Name of Employer Retired Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010
Transaction ID: FA1933C0B4DA7118EB6

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Eric Robert Frykberg

Mailing Address University of Florida Health Scien
Department of Surgery

City Jacksonville State FL Zip Code 32209

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

Name of Employer University Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2010
Transaction ID: D194B31D2EBF696136E

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: PAGE 20 / 44
(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) Kevin Owen Garrett		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address Upmc Saint Margaret Suite 113		Transaction ID: 3BB7F145912A0BD1BAE
City Pittsburgh	State PA	
Zip Code 15215		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer UPMC Saint Margaret	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) Ross Frederick Goldberg		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 212 Island Harbor Cir		Transaction ID: 69ED8F623C19C075F3C
City Ponte Vedra Beach	State FL	
Zip Code 32082-1217		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

C.

Full Name (Last, First, Middle Initial) Richard E. Goldstein		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address Division of Surgical Oncology Norton Healthcare Pavilion		Transaction ID: F3CE5AD1FD00E27A0B7
City Louisville	State KY	
Zip Code 40202		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer University Surgical Associates	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 21 / 44
(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)
Lazar J. Greenfield

Mailing Address 505 E Huron St
Apt 803

City Ann Arbor State MI Zip Code 48104-1567

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

Name of Employer University of Michigan Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010
Transaction ID: E1F04EFBC7096E43957
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Jon M. Greif

Mailing Address 1 Lakeside Dr
Apt 1907

City Oakland State CA Zip Code 94612-4692

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 ▼ 350.00

Date of Receipt 10 / 07 / 2010
Transaction ID: C8E7F3C3BBF0CB700E0
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Ronald Ian Gross

Mailing Address Chief of Trauma and Emergency Surg
Baystate Medical Center

City Springfield State MA Zip Code 01199-0001

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

Name of Employer Hartford Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 950914D1B8FD09D2D7F
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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 / 44
	<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) Baiba Jana Grube		Date of Receipt
	Mailing Address 800 Howard Ave Yale Univ Sch of Med Department of		<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 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	New Haven	CT	06519-1369
	FEC ID number of contributing federal political committee. C		Transaction ID: 766DD64627D73990E25
Name of Employer John Wayne Cancer Institute		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"/> 250.00

B.	Full Name (Last, First, Middle Initial) Linwood Ross Haith, Jr.		Date of Receipt
	Mailing Address 1453 Bethel Rd		<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 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Garnet Valley	PA	19060-1901
	FEC ID number of contributing federal political committee. C		Transaction ID: DC2B67D6D3C4FDB7108
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"/> 150.00

C.	Full Name (Last, First, Middle Initial) Max D. Hammer		Date of Receipt
	Mailing Address 4416 Foxhall Ln		<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 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Springfield	IL	62711-6759
	FEC ID number of contributing federal political committee. C		Transaction ID: 8D8859753F4B9CC42AF
Name of Employer Springfield Clinic		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"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
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 23 / 44
	<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) Paul B. Harrison	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 3243 E Murdock St Ste 404	Transaction ID: E153F1C111C03FAC870
	City State Zip Code Wichita KS 67208-3007	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kansas Surgical Consultants Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Sara L. Hartsaw	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 3100 W Lakeway Rd Ste 1	Transaction ID: EAB75A73F220F623724
	City State Zip Code Gillette WY 82718-6373	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation High Plains Surgical Associates, PC Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4650.00	

C.	Full Name (Last, First, Middle Initial) Paul Bryant Haser	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 1 Robert Wood Johnson Pl Meb-541	Transaction ID: 8B14F20A03159F88834
	City State Zip Code New Brunswick NJ 08901-1928	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UMDNJ-RWJMS Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	2850.00
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 24 / 44
	<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)
Gerald B. Healy

Mailing Address 194 Grove St

City Wellesley State MA Zip Code 02482-7409

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

Name of Employer Childrens Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 23698F31F09E0DDE883
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Todd R. Hendrickson

Mailing Address 110 E 5th Ave

City Antigo State WI Zip Code 54409-2794

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: 10 / 07 / 2010
Transaction ID: E157E60957116A5CD48
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Richard Pentreath Hodges, Jr.

Mailing Address 4728 N Habana Ave Ste 303

City Tampa State FL Zip Code 33614-7183

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: 10 / 07 / 2010
Transaction ID: D901912EF58999CC72B
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 25 / 44
(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) Verne L. Hoshal, Jr.		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address St. Joseph Mercy Hospital Reichert Hlth Center Suite 2115		Transaction ID: 84001FB111364D8FFD2
City Ann Arbor	State MI	
Zip Code 48106		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph Mercy Hospital	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) G. Wilkins Hubbard, II		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 1192 Kings Way Dr		Transaction ID: 9FB92B5A3F1554E9770
City Virginia Beach	State VA	
Zip Code 23455-5561		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Norfolk Surgical Group	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) Tyler G. Hughes		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 1000 Hospital Dr Memorial Hospital		Transaction ID: ABDC7B2DDA22A922206
City Mc Pherson	State KS	
Zip Code 67460-2326		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Hospital	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	550.00
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 26 / 44
(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)
Lewis Enslie Jacobson

Mailing Address 2001 W 86th St

City Indianapolis State IN Zip Code 46260-1902

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

Name of Employer NAAB Road Surgical Group Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010

Transaction ID: 62254FB543A6801AAAA

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Andrew James Kerwin

Mailing Address Ufhsc-J
Division of Acute Care Surgery

City Jacksonville State FL Zip Code 32209

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

Name of Employer Univ of FL Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010

Transaction ID: 53FB80FE4FA4B05A15E

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Scott Henry Kurtzman

Mailing Address Director of Surgery
Waterbury Hospital

City Waterbury State CT Zip Code 06721

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

Name of Employer Waterbury Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2010

Transaction ID: 1250A052904D043FD09

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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 27 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Simon David Lampard	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 214 Larch St	Transaction ID: 81B2C1C18E9C6F10CF1
	City Hollidaysburg State PA Zip Code 16648-2728	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Altoona Regional Health System Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Jason Spencer Lees	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 920 Stanton L Young Blvd Wp 2140	Transaction ID: 455BEB419EE2FA5E5CE
	City Oklahoma City State OK Zip Code 73104-5033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Univ of OK Occupation Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Stephen W. Lu	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address Department of Surgery Msc 10-5610	Transaction ID: C704BBF4736F775E5B5
	City Albuquerque State NM Zip Code 87131-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of New Mexico Occupation Surgeon	Aggregate Year-to-Date ▼ 650.00	
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 28 / 44
(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 P. Lynch

Mailing Address Tacoma Trauma Trust
MS:315-J1-Trm

City Tacoma State WA Zip Code 98405

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 10 / 07 / 2010
Transaction ID: E0BC8CFFB846B69C474
Amount of Each Receipt this Period 250.00

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

Mailing Address 2900 12th Ave N
Surgical Associates Pc, Ste 355W

City Billings State MT Zip Code 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 10 / 08 / 2010
Transaction ID: 3BEEDB1BDAE3B855831
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ronald Vitt Maier

Mailing Address Department of Surgery Box 359796
Harborview Medical Center

City Seattle State WA Zip Code 98104-2499

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

Name of Employer University of Washington Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 585AA5DA8231D2D374F
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 29 / 44
(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)
Mark A. Malangoni

Mailing Address Department of Surgery
Metrohealth Medical Center

City Cleveland State OH Zip Code 44109

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 ▼ 400.00

Date of Receipt 10 / 08 / 2010
Transaction ID: BC5A9AD8613A41EEAFF
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Ronald Frederick Martin

Mailing Address 1000 N Oak Ave
Marshfield Clinic

City Marshfield State WI Zip Code 54449-5703

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 10 / 01 / 2010
Transaction ID: 0805058E2ECEDC87659
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Norman E. McSwain, Jr.

Mailing Address Tulane University School of Med
Department of Surgery, SI-22

City New Orleans State LA Zip Code 70112

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

Name of Employer Tulane University School of Med Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2010
Transaction ID: B425639FB1CB602E8F4
Amount of Each Receipt this Period 300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 44
(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)
Sherry Mae Melton

Mailing Address LHRB-112
701 S 19th Street

City Birmingham State AL Zip Code 35294-0001

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

Name of Employer Univ of Alabama at Birmingham Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2010
Transaction ID: 5BD452820F5E39A97E0
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joseph Paul Minei

Mailing Address Department of Surgery Btcc
Ut Southwestern Medical Center

City Dallas State TX Zip Code 75390-9158

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

Name of Employer UT Southwestern Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 182BFE13C42CD179538
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Frank Louis Mitchell, III

Mailing Address 2121 S Yorktown Ave
Apt 103

City Tulsa State OK Zip Code 74114-1425

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 ▼ 1000.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 41054BB342A65CC745A
Amount of Each Receipt this Period 1000.00

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 31 / 44
(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)
Raymond F. Morgan

Mailing Address University of Virginia Health Syst
Box 800376

City Charlottesville State VA Zip Code 22908-0376

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

Name of Employer Univ of Virginia 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 0 / 0 7 / 2 0 1 0

Transaction ID: OCD0368E2B7782D3DA9

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sara Morse

Mailing Address 4456 36th St S

City Arlington State VA Zip Code 22206-1818

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

Name of Employer American College of Surgeons Occupation PAC Manager

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 0 / 0 7 / 2 0 1 0

Transaction ID: 6DD7F1C288A2447DC97

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Jason C. Morvant

Mailing Address 800 River Rd

City Newport News State VA Zip Code 23601-3915

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

Name of Employer Riverside Med Group 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 0 / 0 7 / 2 0 1 0

Transaction ID: EEDCEC6793F9752E7E6

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 44
(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)
Patricia A. O'Neill

Mailing Address 2 Montague Ter
Apt 4A

City State Zip Code
Brooklyn NY 11201-4105

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

Name of Employer Occupation
SUNY Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2010

Transaction ID: 26E2F79E75266394586

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mims Gage Ochsner

Mailing Address PO Box 22084

City State Zip Code
Savannah GA 31403-2084

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

Name of Employer Occupation
Memorial Univ Medical Center Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2010

Transaction ID: 06A0A8FFB02E10930C9

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael A. Oddi

Mailing Address 224 W Exchange St
Ste 300

City State Zip Code
Akron OH 44302-1715

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
10 / 07 / 2010

Transaction ID: 2CAD224E290B9D3059D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 33 / 44
(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)
Frank George Opelka

Mailing Address 10104 Gail Ct

City State Zip Code
River Ridge LA 70123-1930

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

Name of Employer Occupation
LA State University Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: BFD2CFA1B962DB7023F
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Brian C. Organ

Mailing Address 285 Boulevard Suite 620

City State Zip Code
Atlanta GA 30312

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 ▼ 500.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 80A8D1F4E4AB48F998D
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Steven H. Packard

Mailing Address 200 E Fairman Ave

City State Zip Code
Watseka IL 60970-1644

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

Name of Employer Occupation
Carle Clinic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 114D0420E76E49DE305
Amount of Each Receipt this Period: 250.00

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 34 / 44
(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)
Lisa A. Patterson

Mailing Address Baystate Medical Ctr
Department of Surgery

City Springfield State MA Zip Code 01199-0001

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

Name of Employer Baystate Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 08 / 2010
Transaction ID: 288224A300EF30DF450
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Joseph Millard Pearson, Jr.

Mailing Address 800 E Cheves St
Ste 260

City Florence State SC Zip Code 29506-2652

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

Name of Employer McLeod Physician Assoc Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 30FCBFC319996E220EE
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert Petrino

Mailing Address 724 Deaver St

City Springdale State AR Zip Code 72764-5356

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

Name of Employer Northwest Arkansas Surgical Clinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 3630219FC181904E5BB
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1600.00

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 35 / 44
(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)
R. Lawrence Reed, II

Mailing Address E 21st St
Clarian Methodist Hosp Room B240,

City Indianapolis State IN Zip Code 46229-1790

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

Name of Employer Indiana Clinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2010
Transaction ID: 6B611373911889D698D
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Thomas Ellis Reeve, III

Mailing Address 157 Clinic Ave
Ste 302

City Carrollton State GA Zip Code 30117-4454

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

Name of Employer Carrollton Surgical Group P.A. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 1D4DA800B8F3E45CEAB
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
William O. Richards

Mailing Address 2451 Fillingim St
721 Mastin

City Mobile State AL Zip Code 36617-2238

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

Name of Employer Vanderbilt Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 91A249AAF1242499697
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 36 / 44
(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)
H. Earle Russell, Jr.

Mailing Address 3 Saint Francis Dr
Ste 490

City Greenville State SC Zip Code 29601-3973

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

Name of Employer St. Francis Health System Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 07 / 2010

Transaction ID: C3FC03991E0A5130F4E

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Paul Salomone

Mailing Address 312 Glenn St SW
69 Jesse Hill Jr Drive Southeast

City Atlanta State GA Zip Code 30312-2641

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

Name of Employer Emory Univ Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010

Transaction ID: 433A459EBDECEDEB696

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Don Jay Selzer

Mailing Address 545 Barnhill Dr
FI 5

City Indianapolis State IN Zip Code 46202-5112

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

Name of Employer Indiana University Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010

Transaction ID: 3A98907A6FB6E7B96C7

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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 37 / 44
(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)
Paresh C. Shah

Mailing Address Department of Surgery
Lenox Hill Hospital Suite 8A

City State Zip Code
New York NY 10021

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

Name of Employer Lennox Hill Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 449474A20B7718628CC

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Kenneth Warren Sharp

Mailing Address D5203 McN
Vanderbilt University Medical Cent

City State Zip Code
Nashville TN 37232-0001

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

Name of Employer Vanderbilt University Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 61B8C259F54AE9A6C1B

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John Logan Shuss

Mailing Address 630 Addison Ave W
Ste 200

City State Zip Code
Twin Falls ID 83301-5474

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: EEE04BDD864DB3958DD

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1850.00

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 38 / 44
(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) Richard A. Sidwell		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 1415 Woodland Ave Ste 140		Transaction ID: 3D2AA71D190F4B5FD8C
City Des Moines	State Zip Code IA 50309-3203	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Iowa Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Michael J. Sise		Date of Receipt MM / DD / YYYY 10 / 08 / 2010
Mailing Address 550 Washington St Ste 641		Transaction ID: 68901FBF08DEE7E2CD2
City San Diego	State Zip Code CA 92103-2229	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp and Med Center	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) Keith Richard Stephenson		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 901 Plantation Rd		Transaction ID: E0DC937DD7849728E40
City Blacksburg	State Zip Code VA 24060-3880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carilion Clinic	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)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 39 / 44
(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)
Ralph William Stewart
 Mailing Address 501 S 6th St
 City State Zip Code
 Vincennes IN 47591-1024
 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 10 / 07 / 2010
Transaction ID: BEE2D7969C92F209988
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Ronald M. Stewart
 Mailing Address Department of Surgery
 Uthsc at San Antonio
 City State Zip Code
 San Antonio TX 78229-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 07 / 2010
Transaction ID: EADF1A5E950495F64F4
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Scott Gerard Thomas
 Mailing Address General and Vascular Surgery
 Suite 302
 City State Zip Code
 South Bend IN 46601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General and Vascular Surgery Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 07 / 2010
Transaction ID: F94FF03F64DA93700AD
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
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 40 / 44
(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) Glen Herman Tinkoff		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address Room 1320 4755 Ogletown Stanton Road		Transaction ID: D1FC8D8DFC469D41A3D
City Newark	State DE	
Zip Code 19718-0001		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Christinia Care	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) James Gerard Tyburski		Date of Receipt MM / DD / YYYY 10 / 08 / 2010
Mailing Address Detroit Receiving Hospital Room 4S Department of Surgery		Transaction ID: 4B8D345367F0656E2EB
City Detroit	State MI	
Zip Code 48201		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Wayne State University	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Nicholas Blair Vedder		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address Harborview Medical Center Mailstop 359796		Transaction ID: A8396C9F6DB5E0FD9F8
City Seattle	State WA	
Zip Code 98104-2499		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Univ of WA	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 41 / 44
(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)
Peter Louis Villani

Mailing Address 3001 N Elm St

City Lumberton State NC Zip Code 28358-2984

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 10 / 07 / 2010
Transaction ID: 8C452CAEF52524B2EAE
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Eugene A. Waltke

Mailing Address 515 N 162nd Ave Ste 300

City Omaha State NE Zip Code 68118-2540

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 10 / 07 / 2010
Transaction ID: 9033F2015FDB1E78E1F
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Kevin Edward Wasco

Mailing Address Suite 400 100 Theda Clark Plaza

City Neenah State WI Zip Code 54956

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

Name of Employer Surgical Associates of Neenah Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2010
Transaction ID: 69A632FCD3082372123
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 42 / 44
(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) Mitchell L. Willens		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address North Park Medical Plaza Suite 600		Transaction ID: B1BD1764F53A97B0D02
City Tyler	State Zip Code TX 75702	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1150.00
Name of Employer Self Employed	Occupation Surgeon	Aggregate Year-to-Date ▼ 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mallory Williams		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 4430 N Holland Sylvania Rd Apt 7101		Transaction ID: 7E15546BA5A4D42B75D
City Toledo	State Zip Code OH 43623-3564	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Univ of Toledo	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Tonia M. Young-Fadok		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address Mayo Clinic Division of Colon and Rectal Surge		Transaction ID: 287EF326824B1FE7DFA
City Phoenix	State Zip Code AZ 85054	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3150.00
TOTAL This Period (last page this line number only)	50550.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American College of Surgeons Professional Association PAC	FEC IDENTIFICATION NUMBER ▼ C C00382424
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Dynamic Marketing Inc.

Mailing Address
1145 W Collins Ave

City Orange	State CA	Zip Code 92867
----------------	-------------	-------------------

Purpose of Expenditure IL Senate Radio Ad	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Mark Steven Kirk

Calendar Year-To-Date Per Election for Office Sought	90030.00
---	----------

Date

M M 1 0	D D 0 6	Y Y Y Y 2 0 1 0
------------	------------	--------------------

Amount
90030.00

Transaction ID: V362F7B981C55320233A

Office Sought: House State: IL
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
Mullen & Company

Mailing Address
1101 Pennsylvania Ave NW #600

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

Purpose of Expenditure WA Senate Radio ad	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Patty Murray

Calendar Year-To-Date Per Election for Office Sought	92850.00
---	----------

Date

M M 1 0	D D 1 2	Y Y Y Y 2 0 1 0
------------	------------	--------------------

Amount
11850.00

Transaction ID: V9AD7F5E0DF09D750C15

Office Sought: House State: WA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	101880.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christian Shalgian
Signature

Date

M M 0 4	D D 2 0	Y Y Y Y 2 0 1 1
------------	------------	--------------------

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American College of Surgeons Professional Association PAC		FEC IDENTIFICATION NUMBER C C00382424	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mullen & Company		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	
Mailing Address 1101 Pennsylvania Ave NW #600		Amount 81000.00	
City State Zip Code Washington DC 20004		Transaction ID: VAF4E5DD4D292C315590	
Purpose of Expenditure IE for WA Senate ad		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Patty Murray		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92850.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

(a) SUBTOTAL of Itemized Independent Expenditures	81000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	182880.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Christian Shalgian Signature	Date M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 1