

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 148  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Falcone, Richard, Allen, ,**Mailing Address 3333 Burnet Ave  
MI 2023City  
CincinnatiState  
OHZip Code  
45229-3026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cincinnati Children'sOccupation (for Individual)  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2019

**Transaction ID : 06D24715D38F412BAD96**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fallat, Mary, Elizabeth, ,**Mailing Address 315 E Broadway  
Ste 565City  
LouisvilleState  
KYZip Code  
40202-3702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of LouisvilleOccupation (for Individual)  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2019

**Transaction ID : 7B08BB92DE394630A0FA**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fantus, Richard, J., ,**

Mailing Address 14253 W Riteway Rd

City  
MettawaState  
ILZip Code  
60048-9630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advocate Illinois Masonic Medical CentOccupation (for Individual)  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2019

**Transaction ID : BA47922866C140729AC7**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

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