

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

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

FOR LINE NUMBER: PAGE 68 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

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

A. Li, Chun-Lun, James, ,

Mailing Address 48 Nassau Dr
Apt A

City
Great Neck

State
NY

Zip Code
11021-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY Eye and Ear Infirmary

Occupation (for Individual)
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 Y
01 / 08 / 2019

Transaction ID : F306B0CC97307677805

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Liepert, Amy, Erna, ,

Mailing Address 30 E Johnson St

City
Madison

State
WI

Zip Code
53703-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : 489F725E045149E9BA4E

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Lillemoe, Keith, D., ,

Mailing Address 55 Fruit St

Massachusetts General Hospital, Wh

City
Boston

State
MA

Zip Code
02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Massachusetts General Hospital

Occupation (for Individual)
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 Y
01 / 09 / 2019

Transaction ID : 6625AF66903E19E3519

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

3250.00